



# EVALUATION REPORT

FY2018-2019



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# Introduction

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## Background

First 5 Sacramento uses tobacco tax revenue through Proposition 10 to fund a range of essential prevention and early intervention programs for Sacramento County children ages 0-5 and their families. This report describes the services provided and outcomes for First 5-funded services in 2018-19. Unless otherwise noted, all data presented here relate to the FY 2018-19 timeframe.

Using a Results-Based Accountability framework, this report addresses the following questions:

- What are the current needs in Sacramento County as they relate to each strategic plan result? Which community trends are we trying to influence?
- How much service was provided? How many people were served, and what types of service did they receive?
- How well were the services provided? Were they implemented as intended?
- Is anybody better off as a result of the services?

Data for this evaluation report come from a variety of sources, including secondary data on community indicators, service and outcome data in the agency's database (Persimmony), Family Information Form intake and follow up data, and special evaluation reports such as the evaluation of the Reducing African American Infant and Child Deaths (RAACD) Initiative.



## Investments in Children, Families and Communities

During FY 2018-19, First 5 invested a total of \$20.6 million dollars. The figure below shows how funds were distributed across the different strategic result and administrative areas. The areas that received the highest percentage of funding were Effective Parenting and School Readiness.

**Figure 1. Expenses, by Content Area**

Expense Area	FY 2018-19
Effective Parenting	51%
School Readiness	20%
Health	7%
Administration/Evaluation	7%
Child Care	5%
Dental	3%
Nutrition	3%
Community Building	2%

Source: FY 2018-19, First 5 Sacramento.

The table below shows expenditures by agency type, with the largest percentage of investment going to community-based agencies.

**Figure 2. Percentage of Expenditures, by Agency Type**

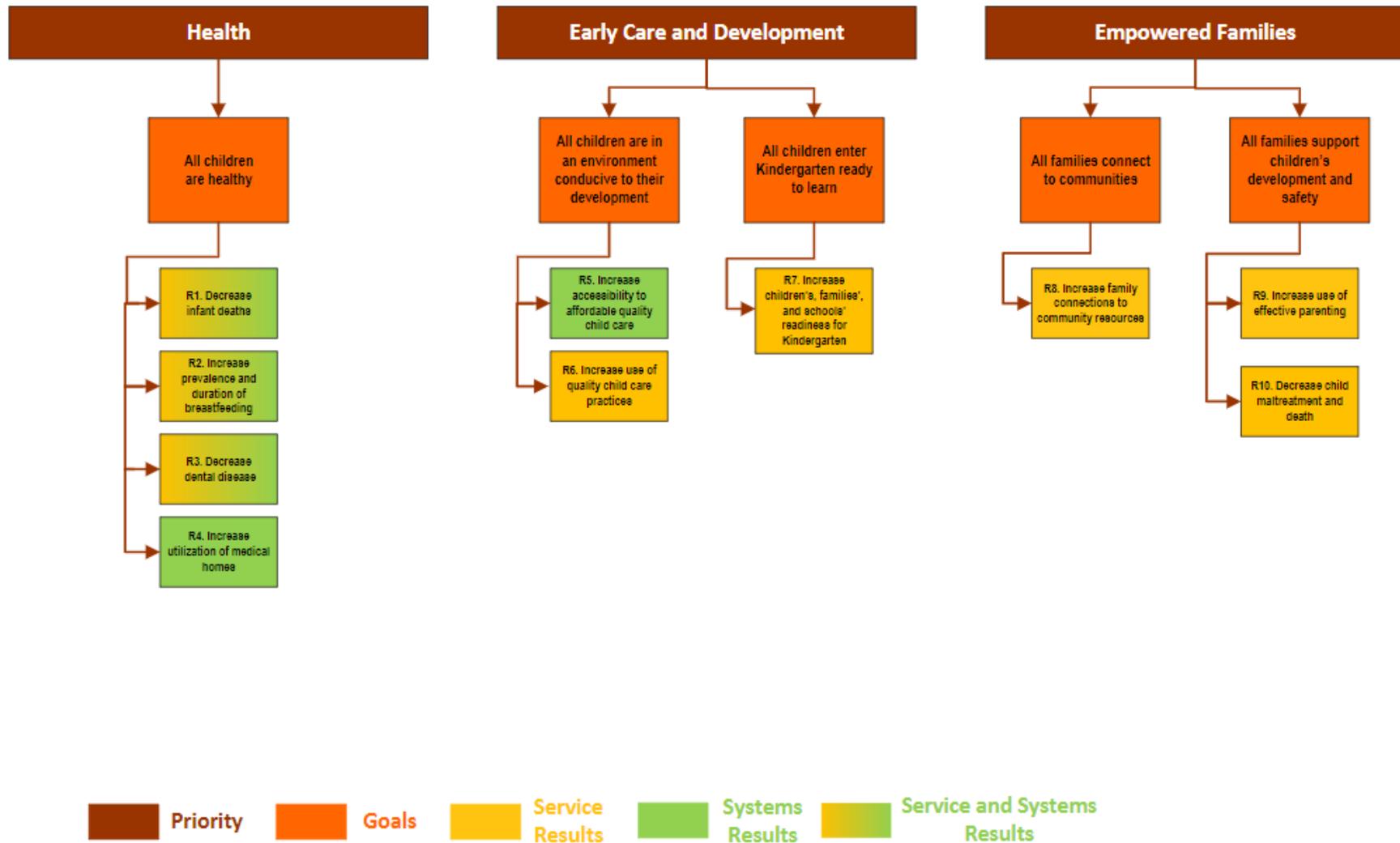
Agency Type	FY 2018-19
Community-Based Agencies	59%
School Districts/COE	24%
First 5 Commission	13%
County Government Agencies	2%
Other Entities/Institutions	2%

Source: FY 2018-19, First 5 Sacramento.

## First 5 Sacramento's Strategic Hierarchy

The figure below shows First 5 Sacramento's Strategic Hierarchy for fiscal years 2018-2021. This hierarchy helps guide funding decisions and also provides a framework for the evaluation. The three Priority Areas (dark red) represent key areas in which the Commission wishes to see change in the county; the Goals (orange) are First 5's aspirations for all children and families in the county; the Service Results (yellow) and Systems Results (green) are the direct changes or system changes First 5 seeks in order to make progress toward the goal; and Service *and* Systems Results (yellow/green gradient) are the areas where First 5 seeks both service and systems change to progress.

Figure 3. First 5 Sacramento Strategic Hierarchy



## First 5 Sacramento's Evaluation Framework

In Spring 2018, an evaluation plan was developed to assess progress toward the results identified in First 5 Sacramento's 2018-2021 strategic plan. Each result is measured by the following indicators.

**Figure 4. First 5 Sacramento Results Evaluation Framework**

Goals	Results	Indicators
All children are healthy	R1: Decrease infant deaths	Percentage of pregnant women who began prenatal care in 1st trimester
		Percentage of infants born with low birth weight
		Percentage of infants born premature
		Rate of infant deaths by race and by cause
	R2: Increase prevalence & duration of breastfeeding	Percentage of infants breastfed at the hospital
		Percentage of infants exclusively breastfed for at least 6 months after birth
	R3: Decrease dental disease	Percentage of children connected to a regular dentist
		Percentage of children 18 months and older who saw dentist in past 6 months
		Percentage of children with untreated cavities
	R4: Increase access to and utilization of medical/ homes ( <i>policy result</i> )	Percentage of children with medical insurance
		Percentage of children who have a regular medical provider
		Percentage of children with well-child visit in last 12 months
All children are in an environment conducive to their development	R5: Increase availability of quality early care and education ( <i>policy result</i> )	Percentage of children needing care for whom there are slots available
	R6: Increase accessibility to affordable quality child care	Percentage of settings with increased Environment Rating Scale (ERS) and/or Classroom Assessment Scoring System (CLASS) scores
All children enter kindergarten ready to learn	R7: Increase children's, families', and schools' readiness for kindergarten	Percentage of children who have had a developmental screening in the past 12 months
		Percentage of children who met developmental milestones
		Percentage of children who are read to least 5 days/week
		Percentage of kindergarteners who attended a short-term summer pre-K program
		Percentage of kindergarteners ready for school
All families connect to communities	R8: Increase family connections to community resources	Percentage of parents who report utilization of community resources
		Percentage of parents who report connectedness to their community
All families support children's development and safety	R9: Increase use of effective parenting	Percentage of parents with increased knowledge of parenting and child development
		Percentage of parents with improved parenting attitudes
		Percentage of parents with no recurrence of child maltreatment
	R10: Decrease childhood injuries and death	Number of families receiving needed emergency child care

Additionally, the evaluation of First 5 Sacramento's results follows a **Results-Based Accountability (RBA)** framework, in that goals are measured with community indicators, and program performance is measured by three types of indicators:

- 1) *How much did we do?* (Number of people served, number of services provided)
- 2) *How well did we do it?* (Was the model/program implemented as intended?)
- 3) *Is anyone better off?* (Participant outcomes, e.g. attitudes, behaviors, and wellbeing outcomes)

The primary data sources used in this evaluation include:

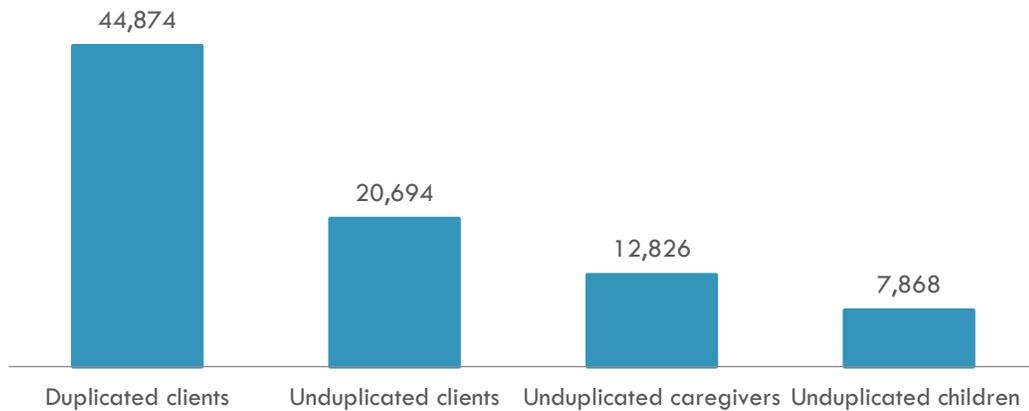
- **Community indicator data:** In keeping with RBA, data on community trends is presented for each strategic result area. However, the time frames for such data often lag behind First 5 service data by a year or two and thus cannot be directly linked to First 5's efforts.
- **First 5 service data:** Most grantees provided client-level demographic and service data through a data management system called Persimmony. Grantees who did not provide individual-level data reported aggregate-level client and service data on a quarterly basis in the form of performance reports, and for some programs, other types of reporting documents. The figure below displays which grantees provided client-level data and which ones provided only aggregate-level data.
- **Family Information Form (FIF):** The FIF is used to collect demographic information, as well as data for specific indicators regarding both caregivers and children. Clients of designated grantees complete the form at intake, and, if the client is still engaged, at follow-up three to six months later.
- **Program-specific outcome data:** Some grantees provided outcome data specific to their program to track changes in knowledge, attitudes, behaviors, and health measures, as well as the status of referrals. These data come from sources such as surveys and follow-up calls.
- **In-depth evaluations:** In addition to the overall evaluation, in-depth evaluations were conducted in four focus areas: Effective Parenting, Reducing African American Child Deaths (RAACD), School Readiness, and Systems Sustainability. While this comprehensive evaluation report highlights some key findings from these evaluations, separate reports are available that provide greater detail about the results for 2018-19 in these areas.

# Profile of First 5 Clients

## Profile of all Clients Served

First 5 Sacramento funded services had substantial reach across the county, serving 44,874 duplicated clients, including parents, children, and providers. Of these, 19,976 unduplicated individuals received a direct service, including 7,868<sup>1</sup> children, which represents 6% of the county’s children ages 0-5, down from serving 13% of the county’s children in 2017-18<sup>2</sup>. This reduction was largely due to the fiscal cliff in the budget that First 5 Sacramento has adhered to since 2018 (a \$5 million dollar reduction in spending per year of the 2018-21 Strategic Plan). However, many more children and parents were reached indirectly through systems change efforts and/or programs that do not collect individual level data, such as Baby-Friendly hospitals, and public education campaigns on pregnancy stress, safe sleep, and oral health.

**Figure 5. Reach of First 5 Sacramento**



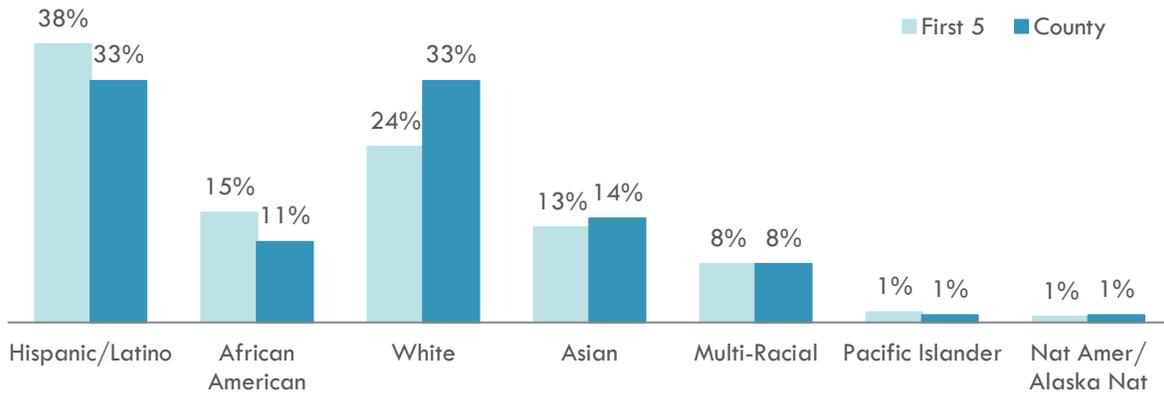
Source: First 5 Sacramento Persimmony Database and First 5 Sacramento State Report, FY 2018-19.

The figure below shows the race/ethnicity of children served by First 5 for whom there is client-level data available (aggregate data for children was often missing race and ethnicity detail), compared to the race and ethnicity of children across the county. Among First 5 participants, children are most likely to be Latino and African American (53%), a proportion greater than seen across the county’s population (44%). Most (72%) children and parents’ primary language was English, and another 18% primarily spoke Spanish. This profile is consistent with that of families served in previous years.

<sup>1</sup> This is the number of children of whom there were FIF forms

<sup>2</sup> 6% = 7,868 served in 2018-19, as percent of county population for children 0-5 (117,791), based upon Kidsdata.org, 2018.

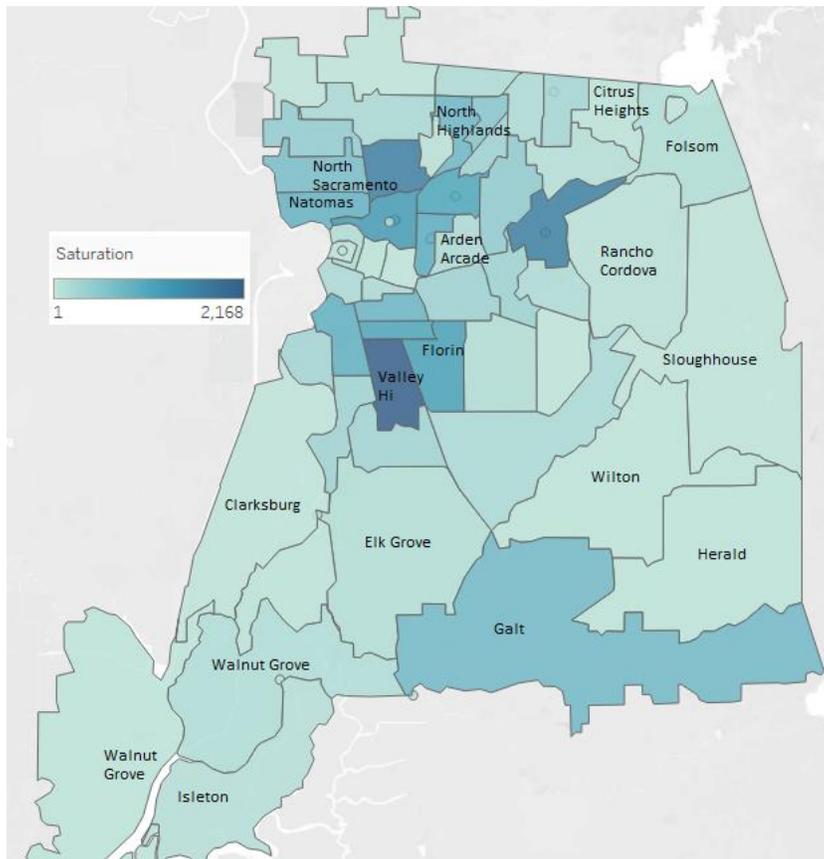
**Figure 6. Ethnicity of First 5 Sacramento Children Compared to County**



Source: First 5 Sacramento, Persimmony Database. Percentages based upon 2018-19 children with child-level data. n=14,655, excluding those whose ethnicity is Unknown (n=3,673) or Other (n=1,304). County comparisons are for all children 0-17. KidsData.org, based upon Department of Finance estimates.

The following map shows the geographic location in Sacramento County of families who received First 5 services. As shown below, the neighborhoods with the highest numbers of First 5 clients were Valley Hi, followed by North Sacramento and Rancho Cordova, with the fewest clients on the outskirts of Sacramento in Herald, Walnut Grove, Sloughhouse, and Clarksburg.

**Figure 7. Map of Families Served, 2018-19**



Source: Family Information Form 2018-19.

## Profile of Clients with Family Information Form Data

In 2015-16, First 5 Sacramento began using the Family Information Form (FIF) as a way to capture information about clients’ demographic characteristics as well as their wellbeing vis-à-vis First 5’s desired results. The FIF is completed by clients of many First 5 contractors at intake and again three to six months after intake.

Between July 1, 2018-June 30, 2019, the FIF was completed for 8,919 adults and 7,868 children at intake, for an 84% combined completion rate. The largest share of FIFs were gathered from clients receiving school readiness services from First 5 Sacramento’s nine partner school districts, followed by those receiving WIC, and Birth & Beyond services. The tables below present highlights of these data.

**Figure 8. First 5 Sacramento Family Information Form Intake Data: Parent Information**

2018-19	# or %
<b>Total FIF Intakes (Parent)</b>	<b>8,919</b>
<b>Program</b>	
School Districts (School Readiness)	4,540
WIC	1,946
Birth & Beyond	1,763
Pregnancy Peer Advocates Programs (WellSpace Health and Her Health First)	176
Help Me Grow	194
Sacramento Crisis Nurseries	300
<b>Parenting Programs, Services, Supports Used in Past Six Months</b>	
Food/Nutrition (WIC, CalFresh, Food Bank, etc.)	68%
Parent Education/Support	10%
FRC Services	7%
Home Visits	6%
<b>Parenting Attitudes: % who agree or strongly agree</b>	
I know what to expect at each stage of my child’s development.	73%
I know what program to contact in my community when I need help for basic needs.	66%
I know what program to contact in my community when I need advice on how to raise my child.	66%

Source: Family Information Form 2018-19, all intakes. (All data self-reported)

Notably, food/nutrition services were reported as the most utilized services in the past six months, with two-thirds of adults (68%) having reported using food/nutrition services (such as WIC, CalFresh, Food Bank, etc.).

The table below presents FIF intake results related to children.

**Figure 9. First 5 Sacramento Family Information Form Intake Data: Child Information**

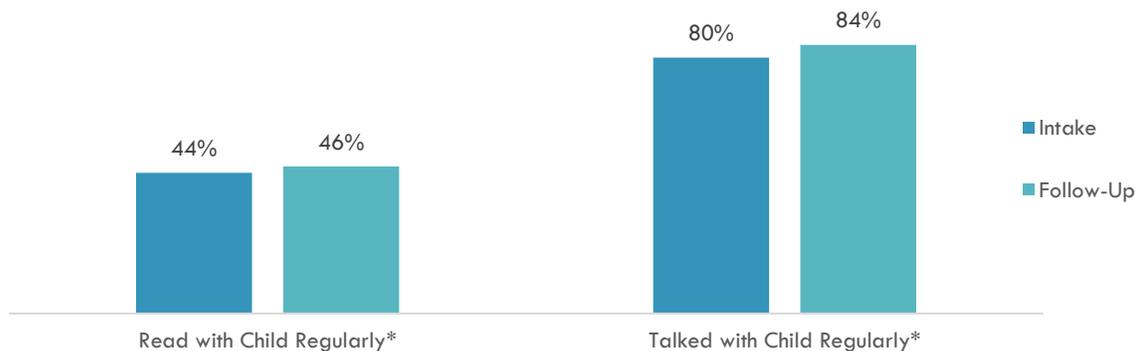
2018-19	# or %
<b>Total FIF Intakes (Child)</b>	<b>7,868</b>
<b>Program</b>	
School Districts (School Readiness)	4,709
Birth & Beyond	2,505
Sacramento Crisis Nurseries	425
Help Me Grow	229
<b>Health</b>	
Has had a well-child health check-up in the past 12 months	89%
Has seen a dentist in the past 6 months (if 18 months or older)	57%
Has untreated cavities	9%
<b>Family Activities</b>	
Sat and shared a meal together at least 5 times per week	81%
Practiced a bedtime routine at least 5 times per week	73%
Talked with child about things that happened during the day at least 5 times per week	72%
Played one-on-one with child at least 5 times per week	70%
Told stories or sang songs together at least 5 times per week	67%
Read at home at least 5 days per week	43%

Source: Family Information Form 2018-19, all intakes. (All data self-reported)

Follow-up Family Information Forms were completed for 1,094 parents (12% of parent intakes) and for 1,276 children (16% of child intakes), which provided information about changes in status and behavior after several months in a First 5 funded program. Results comparing intake and follow-up are presented in some of the following sections of this report.

Two of the family activities listed above displayed significant increases from intake to follow-up. Both reading with children at least 5 days per week and talking with children about things that happened during the day at least 5 days per week displayed statistically significant increases from intake to follow-up FIF (see figure below).

**Figure 10. Percentage Increases of Family Activities from Intake to Follow-Up FIF**



Source: Family Information Form 2018-19, matched sets who had intake and follow-up data. (All data self-reported). \* indicates a statistically significant difference at  $p < .05$ .  $n = 941$ .

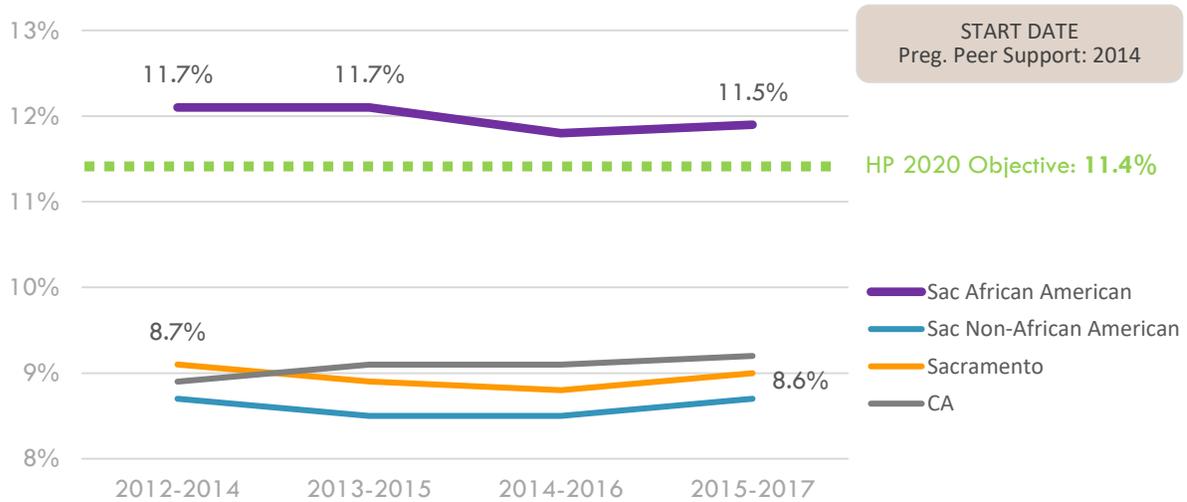
# Result 1: DECREASE INFANT DEATH

This result area is related to the Commission’s efforts to reduce African American infant deaths. ASR produced a full report for FY 2018-19, the highlights of which are presented here. Please visit First 5 Sacramento’s website for the full report (see Results/Evaluation Reports).

## Countywide Trends

Infant mortality is influenced by many factors, such as lack of access to timely and regular prenatal care, preterm birth, chronic diseases and conditions in the mother, and social and economic disparities. In general across Sacramento County, African American women are less likely to have timely prenatal care and more likely to deliver preterm and low birth weight babies. For instance, the percentage of African American infants born preterm in Sacramento remained substantially higher than non-African American infants, across time. The percentage of pre-term births among African American infants decreased from 11.7% in 2012-14 to 11.5% in 2015-17, but still exceeded the Healthy People 2020 benchmark of 11.4%. Overall, Sacramento County’s rate of preterm births fared better than the state (8.8%).

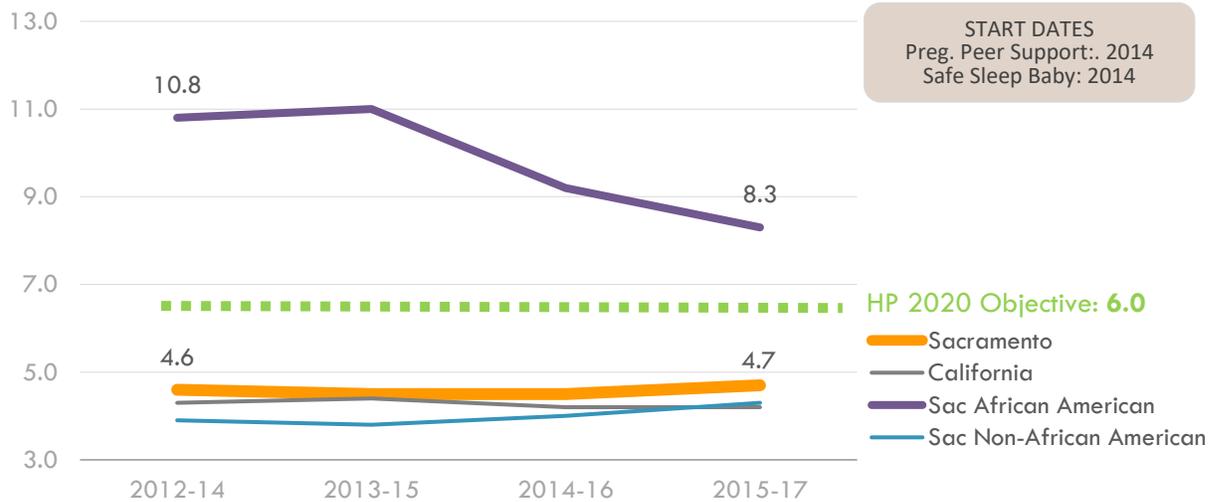
**Figure 11. Percentage of Babies Born Premature, by Race/Ethnicity**



Source: Sacramento County, Department of Health Services, Public Health Division, Epidemiology Program, Birth Statistical Master Files. CA data source: Centers for Disease Control and Prevention, WONDER. Because of the instability of relatively small numbers, the percentage of infants born premature was calculated as rolling averages (RA) over multi-year periods. State rates available in 1-year averages, not 3-year rolling averages.

The countywide rate of infant death remained stable, from 4.6 deaths per 1,000 live births in 2012-14 to 4.7 in 2015-17, although worse than the state average (4.2). There was a remarkable drop in rate of African American rate of infant mortality (10.84 to 8.28, respectively), although still nearly twice as likely to die than non-African-American infants.

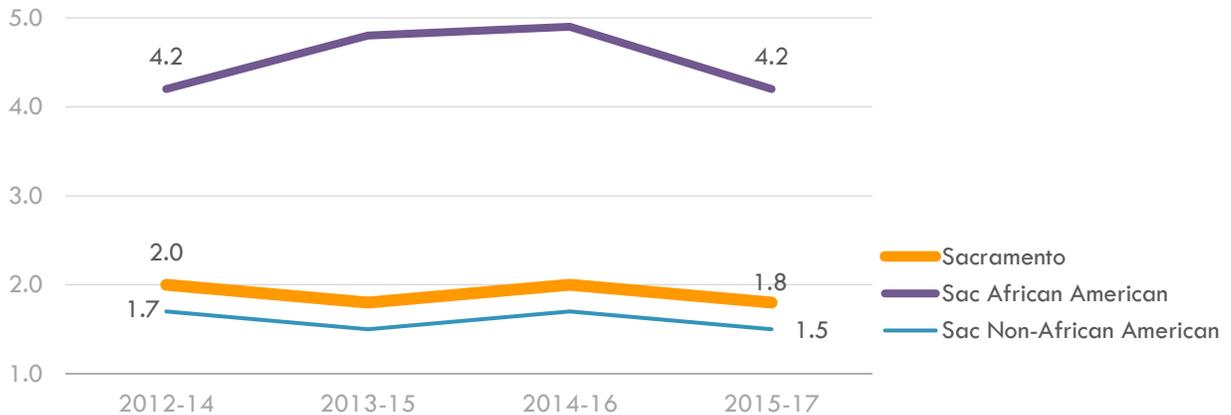
**Figure 12. Rate of Infant Mortality per 1000 Live Births, By Race**



Source: California Department of Public Health. Sacramento County, Department of Health Services, Public Health Division, Epidemiology Program, Birth Statistical Master Files.

The data presented below are deaths due to perinatal causes, such as prematurity, low birth weight, placental abruption, and congenital infections and include deaths from the second trimester of pregnancy through one month post-birth. The African American rolling average rates did not change from 2012-2014 to 2015-2017. However, there was an increase in both 2013-2015 and 2014-2016, so it is promising that the numbers are decreasing. Future data is needed to discern if this decrease is the beginning of a trend.

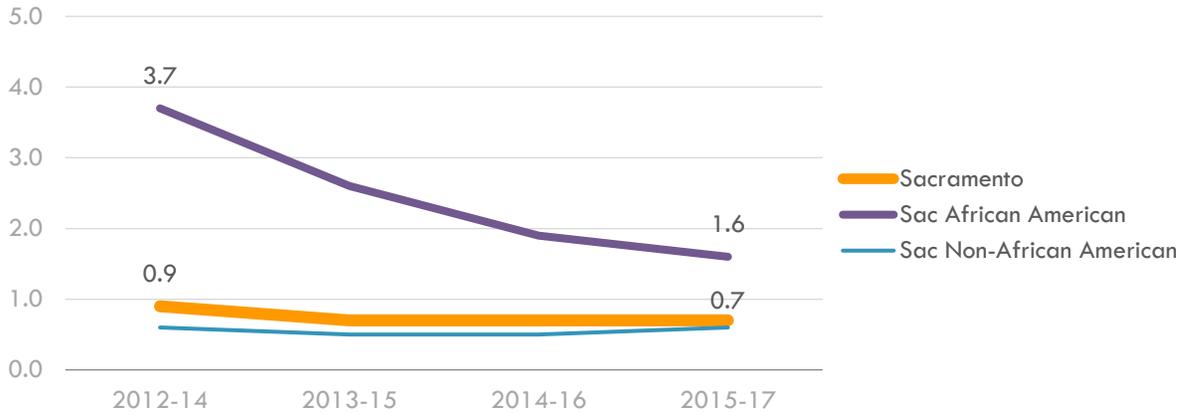
**Figure 13. Rate of Death per 1,000 Live Births Due to Perinatal Causes, By Race**



Source: California Department of Public Health. Sacramento County, Department of Health Services, Public Health Division, Epidemiology Program, Birth Statistical Master Files.

The term “Infant Sleep Related Deaths” (ISR) refers to any infant death that occurs in the sleep environment, including Sudden Infant Death Syndrome, Sudden Unexpected Infant Death Syndrome, and Undetermined Manner/Undetermined Natural Death. These rolling rates demonstrate a dramatic decrease in African American ISR deaths (3.7 in 2012-2014 and 1.6 in 2015-2017), representing a 57% reduction.

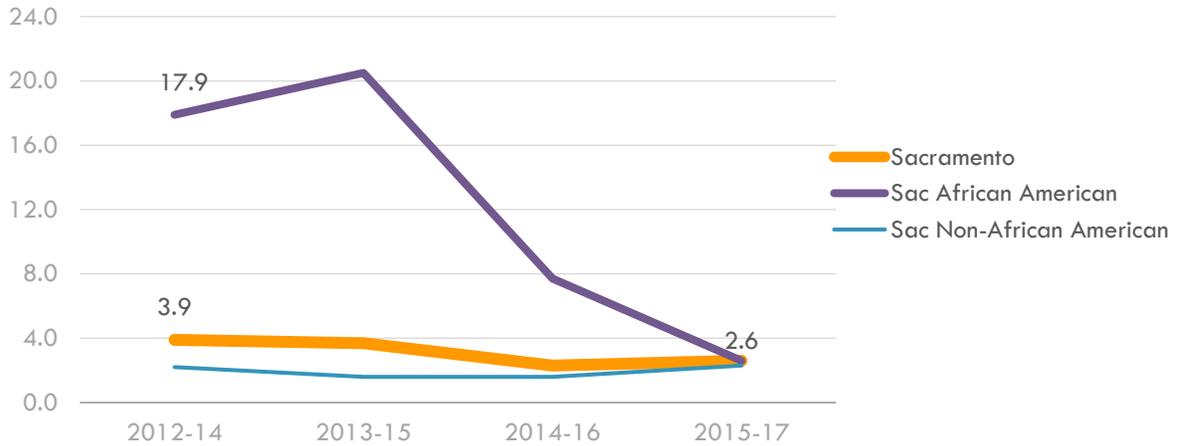
**Figure 14. Rate of Infant Death per 1,000 Live Births Due to Sleep-Related Causes, By Race**



Source: California Department of Public Health. Sacramento County, Department of Health Services, Public Health Division, Epidemiology Program, Birth Statistical Master Files.

The rate of death for children 0-5 due to child abuse and neglect homicides (see figure below) drastically reduced for the Sacramento African American population (from 17.9 in 2012-14 to 2.6 in 2015-17). This represents an 85% reduction overall, as well as a 98% reduction in disparities.

**Figure 15. Rate of Child Death per 100,000 Children 0-5 Due to Child Abuse and Neglect Homicides, By Race**



Source: California Department of Public Health. Sacramento County, Department of Health Services, Public Health Division, Epidemiology Program.

## Impact of First 5 Sacramento

Each year, there are about 2,000 African American babies born in Sacramento County. In 2013, the Sacramento County Blue Ribbon Commission on Disproportionate African American Child Deaths called upon service agencies and community leaders to take immediate action to reduce preventable child mortality in the county, with an emphasis on addressing the disproportionality in African American deaths. First 5 Sacramento joined the Steering Committee for this effort, called the Reduction of African American Child Deaths (RAACD) and additionally funded three strategies to address perinatal and infant death in seven neighborhoods that are characterized by high African American infant death rates:

1. The Pregnancy Peer Support Program provided by Black Mothers United and WellSpace Health
2. Safe Sleep Baby campaign provided by the Child Abuse Prevention Center (CAPC)
3. Perinatal Education Campaign provided by Runyon Saltzman, Inc. (RSE)

The efforts and outcomes of these strategies are summarized here, based upon the recent evaluation report prepared by Applied Survey Research.

### PREGNANCY PEER SUPPORT

The Pregnancy Peer Support Program started in Sacramento in 2014 and provides services to promote education, support, and access to critical services like prenatal care to support healthy pregnancies and births. Full implementation of the initiative to improve outcomes of African American mothers and infants began in 2015. Two organizations implemented the Pregnancy Peer Support Program: Her Health First (HHF) and WellSpace Health (WSH)<sup>3</sup>. Across the two programs in FY 2018-19, the Pregnancy Peer Support program supported a total of 276 African American expectant mothers to promote better birth outcomes, and there were 145 live births.

### HER HEALTH FIRST

Her Health First's Black Mothers United (BMU) program provided case management to address the social determinants of health of the women they serve. Through direct outreach in communities characterized by high African American infant death rates and by partnering with community-based organizations and social service agencies, BMU's pregnancy coaches sought out pregnant African American women who needed support. Participants' needs and risks were assessed, individualized care plans were developed, and a wide array of educational and referral services were provided.

**From a client perspective, the attraction to the BMU program is social connectedness:**

*"What keeps me coming to BMU is the support from other black women who understand where you're coming from and what you're going through."*

From July 2018 to June 2019, 216 pregnant African American women were served through the BMU program and 215 consented to be included in the evaluation. Almost half of them (49%) resided in one of the seven high-risk target neighborhoods of Sacramento County.

<sup>3</sup> WellSpace Health ended its existing program in December 2018, serving 60 women who were existing clients from FY 2017-18.

Based upon initial assessments, participants faced a variety of challenges, including unstable housing situations (27%) and lack of transportation (20%). Almost half of clients (43%) were on CalWORKs and 71% used WIC services for nutritional support. Almost one third of mothers were dealing with moderate to high depression (28%) and 11% faced nutritional deficiencies. Most (59%) did not have a plan for a crib to sleep their baby. As a result of referrals and intensive case management, mothers had fewer risk factors by the end of the program. For instance, the percentage of mothers with maternal anxiety and depression decreased from 28% at intake to 15% at follow up and the percentage of mothers who did not have a crib reduced from 59% at intake to 6% at follow up.

There were 102 live births in the BMU program, including 92 singletons and 10 twins. Of these, 83% were born at a healthy birth weight, 80% were born full term, and combined 76% had a healthy birth outcome (healthy weight and full term). The percentage of singletons with a healthy birth was 82%. Sadly, there was one infant delivered at 32 weeks who died shortly afterward. Additionally, there was a set of twins who were stillborn at 32 weeks.

**As one BMU Pregnancy Coach, and former BMU client explained,**

*“It makes me feel so good I can make a difference in somebody else’s life, like I had a difference made in mine.”*

To further investigate the data, two exploratory binary logistic regressions were conducted on two dichotomous birth outcome variables (low birth weight and premature birth). Regressions are able to hypothetically discern statistical predictors of a dependent outcome variable. Both regressions included many covariates to control for many circumstances. Covariates included maternal age, maternal anxiety or depression, maternal education, economic hardship, maternal health concerns, previous two or more miscarriages, gestational weeks at intake to BMU program, gestational weeks at first prenatal visit with doctor, and number of weekly check-ins with the BMU advocate. It is important to note that all variables were self-reported by the mother at intake.

In the first regression model, predicting low birth weight, only one variable was a significant predictor. Having a lower number of weekly check-ins with the BMU advocate significantly predicted having the poor birth outcome of low birth weight.

In the second regression model, predicting premature birth, maternal anxiety or depression, lower number of weekly check-ins with the BMU advocate, maternal previous two or more miscarriages, and being further along in pregnancy at their intake to the BMU program all significantly predicted low gestational age.

**Figure 16. Highlights of the BMU Program**

Factor	Findings
Program Reach	216 women participated in weekly check-ins and home visits (215 consented for evaluation)
Prenatal Care	38% of women served began prenatal care by their first trimester (before entry into BMU) <sup>4</sup>
Socio-economic Risk Factors	The most common socio-economic risk factors at intake were being single (35%), having unstable housing (27%), and not

<sup>4</sup> However, there were high amounts of unreported data in this category. Results are to be cautiously interpreted.

Factor	Findings
	graduating high school (27%). The greatest decrease (improvement) was in the area of housing security.
Health Risk Factors	The most common health risk factor at intake was anxiety/depression (28%); this decreased to 15% after participation in the BMU program
Infant Safety Risk Factors	The most common infant safety risk factors reported at intake were not owning a crib (59%) and having no plan for a car seat (28%). The greatest improvement occurred with the provision of car seats.
Birth Outcomes	Out of 102 total births, 83% had a healthy birth weight and 80% had a full-term birth; 76% of the babies born had both a healthy weight and gestational age.
	One infant died shortly after birth; Additional one set of twins was stillborn at 32 weeks (and thus not considered live births).
Postpartum Care	56% of clients had a well-baby visit by program exit
Predictor of Low Birth Weight	Fewer weekly check-ins with BMU coach*
Predictors of Preterm Birth	Higher amount of maternal anxiety or depression at intake*, maternal previous 2+ miscarriages <sup>†</sup> , fewer weekly check-ins with BMU coach <sup>†</sup> , and later entry into BMU program <sup>†</sup>
Mortality Rate	Perinatal Mortality Rate for BMU Program = 9.8 per 1,000 live births

Source: Black Mothers United Health Assessment Intake, Pregnancy Outcomes Form 2018-2019. \*indicates statistical significance at  $p < .05$ , <sup>†</sup>indicates marginal significance at  $p < .10$

### Client Success Stories

Two BMU coaches shared the success stories below about each of their clients who were positively impacted by the program’s services and supports. These stories have been edited for clarity and brevity.

One client started the BMU program pregnant and homeless, living in her car with her 12-year-old son. Once connected to Black Mothers United, her coach helped her reach out to County Social Services for the Homeless Support Program. She moved into a home the week she had her baby. Although it was a small 1 bedroom, she was happy to have a roof over her head. The client’s baby was born at a healthy weight and gestational age. Since then, the client has moved to a bigger home with two bedrooms and she is doing very well. She recently told her coach that she is learning to put her children first and she feels good about it.

Another client was a mother of five who enrolled in the BMU program early in her 2nd trimester. Although she was young, she understood what she needed to do to beat the odds in spite of the obstacles she faced. When she was first enrolled in BMU, she had an open CPS case. When the coach first met the client and learned of her story, it became apparent that the client felt frustrated with how to deal with various aspects of the system. The first challenge was a custody battle between the client and her

older children’s father and grandmother, who had been granted temporary custody. The client was experiencing challenges in communicating effectively with the social worker assigned to her case. In addition to the custody case, the lease on the client’s home was about to end, threatening to leave her homeless. The coach could sense that the client, even though already four months pregnant, was not going to give up and that she needed guidance and an advocate to help her navigate the situation. The coach met with the client’s CPS worker and a Black Child Legacy Campaign cultural broker to inform them about the client’s progress and needs, and make sure that all three were working together with the client’s best interest at heart. Once this team was established, the client became more confident in herself and her abilities. She gained employment, found a place to live, and met all the recommendations of the court, which soon led to her regaining custody of her children. The client continued to work up until her delivery date and gave birth to a beautiful and healthy baby girl weighing 7 pounds. The client has remained active in the BMU program through her postpartum period and connects with her coach regularly. She and her family are happy and she plans to return to work soon.



WellSpace Health (WSH) operated a perinatal program out of two South Sacramento Clinics from July 1, 2015 to December 31, 2018. WSH served women who lived in the areas with the highest levels of African American infant death.

WSH’s “Perinatal Support Advisors” used the Nurturing Parenting Program (NPP) for Prenatal Families, which was made up of 18 prenatal visits with a Perinatal Support Advisor. The NPP Prenatal Program provided pregnant women with education on the effects of alcohol, tobacco, nutrition, and stress on the unborn baby, as well as providing information about how to have a healthy baby. Additionally, Perinatal Support Advisors provided two risk factor education sessions and delivered at least one postpartum check-in within a month of delivery. Social workers also provided customized support for pregnant mothers and could assist them in connecting to resources within WellSpace or in the community.

FY 2018-19 was a transitional year for WSH perinatal programming; it focused on closing out the perinatal program. From July 1, 2018 through December 31, 2018, WSH’s perinatal program served a total of 60 clients. All of these women (100%) identified as African American. By the end of December 43 of them delivered, 90.7% (39/43) were full term and 88.4% (38/43) were born with a healthy birthweight. Additionally, no infant deaths were reported from this cohort.

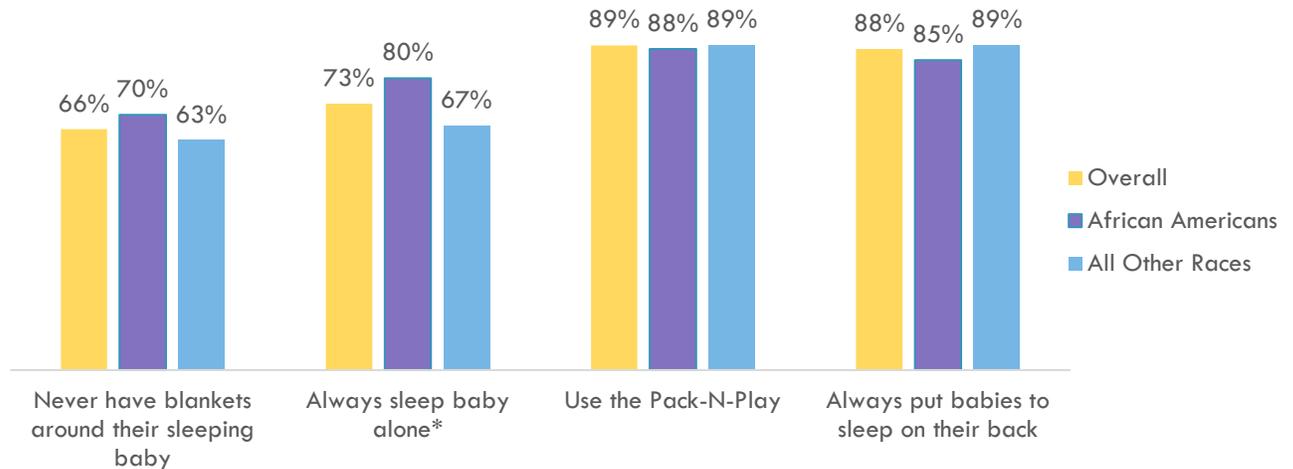
Starting January 1, 2019 WSH began phasing in a new approach to provide ultrasounds, psychosocial support, and care coordination to BMU clients. Seven pregnant women were provided with ultrasounds from January to June 2019.

## INFANT SAFE SLEEP BABY CAMPAIGN

The Safe Sleep Baby (SSB) education program focused on raising awareness about infant safe sleep practices and provided direct education services to caregivers and providers, with a focus on African American families. Cribs were provided to households that needed a safe place for their infant to sleep. The SSB campaign also provided training to community and service professionals about infant safe sleep practices and worked with local hospitals to integrate safe sleep education into their policies and procedures.

This year, 883 individuals received Safe Sleep Baby training, 31% of whom were African American, and 44% who resided in RAACD’s targeted zip codes. Pre and post training data showed a 41% increase in understanding that *babies should NOT be tightly swaddled when sleeping for the first six weeks*, a 38% increase in understanding that *babies placed on their backs to sleep are NOT more likely to choke on their own spit up*, and a 35% increase in understanding that *breastfeeding helps to reduce the risk of SIDS*. Within 3-4 weeks of completing the SSB training, 277 parents were reached with a follow-up call to understand the extent to which they were using infant safe sleep practices. The figure below demonstrates the safe sleep behaviors that participants followed after participation in the program. African Americans were more likely than other races to report *never having blankets around their sleeping baby* (70%) and *always sleeping their baby alone* (80%).

**Figure 17. Percent of SSB Participants Practicing Infant Safe Sleep Behaviors, By Race**



Source: CAPC, SSB Follow up Survey. n = 277. \* indicates statistically significant difference between African Americans and all other races at  $p < .05$ .

Other accomplishments of the Safe Sleep Baby campaign include:

- 450 cribs were distributed, 36% (162) of which were to African American or multiracial African American families.
- 292 community service and health professionals received SSB direct education.
- All 8 Sacramento birthing hospitals routinely screened mothers for their plans to sleep their babies at home; these hospitals distributed 126 cribs to families who received SSB education.

## PERINATAL EDUCATION CAMPAIGN

The third strategy funded by First 5 was a public education campaign aimed to raise awareness about the disparity in rates of infant deaths among African Americans and all other races, and to connect African American mothers to services that help support pregnancies and infant well-being. Runyon Saltzman, Inc. (RSE) managed this comprehensive campaign that included community events, and print/digital media campaign strategy development. These initiatives were targeted toward low-income African American women in their childbearing years (ages 18-34) who live in the areas of Sacramento with the highest reported levels of African American child deaths.



In February 2019, the Pride & Joy Community Baby Shower was convened at the Fruitridge Community Collaborative. This was the fourth annual baby shower event conducted, and it provided parents with information and demonstrations related to a healthy pregnancy and safe sleep practices, as well as connections to local resources (especially the SacHealthyBaby website). Approximately 113 people attended this event, 104 of which were pregnant or new mothers. Many perinatal service providers, including First 5-funded partners, attended these events and provided valuable information to the guests in attendance, as well as providing referrals to their specific outreach programs. RSE connected with local companies, churches, and community partners to secure donations for the event. This resulted in significant giveaways at the baby shower such as baby clothing, diapers, wipes, books, bibs, and gift baskets.

In 2018-19, there were 2,170 visits to the SacHealthyBaby website by 1,874 users.

A large part of the year was devoted to campaign strategy development for a new joint campaign with the Sacramento County Department of Public Health. In conjunction with Earth Mama Healing, eight formative focus groups were attended by a total of 58 women who resided in the high-risk neighborhoods identified by the Blue Ribbon Commission. The purpose of these focus groups was to gather insights to inform future campaign development. Additionally, RSE worked with Her Health First to conduct two listening sessions in April 2019 with 27 African American community members in order to better understand what mothers, fathers, social support program staff, and stakeholders believe are the causes of infant mortality and what can be done to drive change.

## SYSTEMS APPROACHES TO DECREASING INFANT DEATH

First 5 supported a systems approach to reinforce collaborative efforts to decrease infant death. First 5 served on the Reduction of African American Child Deaths (RAACD) Steering Committee to help bring about equitable investment and systemic impact across partners. As an example of this work, the National Association of Counties honored 2019 awardee Phil Serna and acknowledged the Sacramento First 5 Commission for their efforts on a groundbreaking policy resolution written and adopted by Sacramento County. This resolution promoted efforts to reduce African American infant deaths and encouraged other counties to follow suit to do this vital work within their communities.

## Summary

- **The Pregnancy Peer Support program helped African American mothers reduce socio-economic and health risk factors and deliver healthy babies.** Through Her Health First’s Black Mothers United program, 215 women received weekly contact including education, referrals, and any other support needed to address risks to healthy birth. There were 102 live births in the BMU program, including 92 singletons and 10 twins. Of these, 83% were born at a healthy birth weight, 80% were born full term, and combined, 76% had a healthy birth outcome (birth that is at healthy weight and full term). There were 43 live births in the WellSpace Health program, and no infant deaths. Overall, between BMU and WellSpace Health programs, the perinatal mortality rate was 6.9 per 1,000 live births.
- **Safe Sleep Baby showed statistically significant impacts on parents’ knowledge and practices related to safe sleep strategies.** There were 883 individuals who received the Safe Sleep Baby training, 31% of whom were African American, and 44% who resided in RAACD’s targeted zip codes. Pre and post measures indicated significant increases in knowledge as well as use of practices that promote safe sleep. In addition, Safe Sleep Baby trained 292 community-based service providers and one medical provider, and 450 cribs were provided by the Cribs4Kids program to parents and caregivers, approximately 36% of which went to African American parents.
- **Runyon-Saltzman, Inc (RSE), First 5, Sacramento County Public Health, the Sac Healthy Baby Collaborative, and community partners developed strategies for the next Perinatal Education Campaign.** Additionally, the annual Pride & Joy Community Baby Shower reached 113 people, 104 of which were pregnant or new mothers.
- **First 5 supported a systems approach to reinforce collaborative efforts to decrease infant death.** Efforts include serving on the Reduction of African American Child Deaths (RAACD) Steering Committee to help bring about systemic impact across partners, as well as exploring reimbursement potential for the Pregnancy Peer Support program.
- **Taken together, efforts from the strategies of First 5 Sacramento and other partners to reduce African American child death have shown signs of positive impact.** Overall for African Americans in Sacramento County, between 2012-14 and 2015-17, there was a:

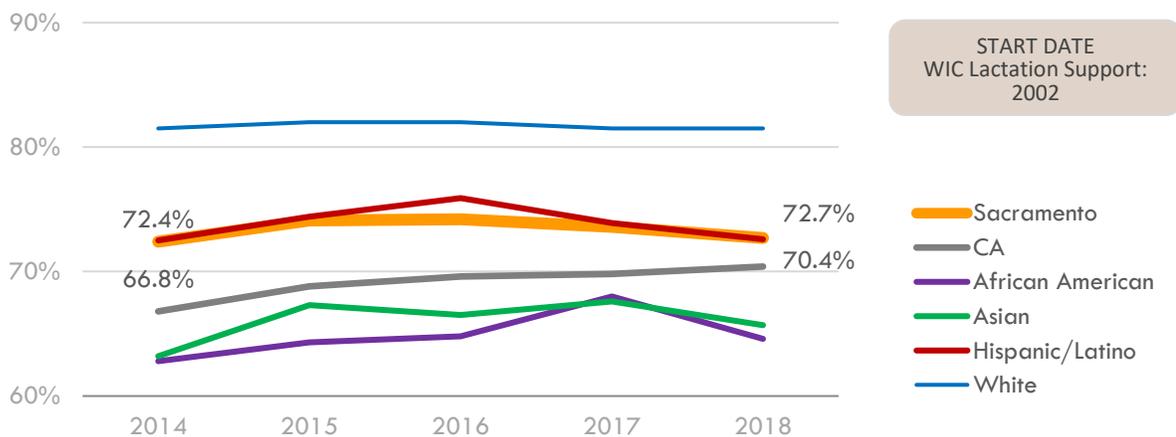
  - 23% decrease in the rate of African American infant deaths, and a 42% decrease in disparity between rates for African Americans and all other races.
  - 2% decrease in the percentage of African American babies born preterm, and a 6% decrease in disparity between African Americans and all other races.
  - 57% decrease in African American infant sleep related deaths, and a 68% decrease in disparity between rates for African Americans and other races.
  - 85% reduction in the rate of African American child abuse and neglect (CAN) homicides per 100,000 population 0-5, and a 98% decrease in disparity between rates for African Americans and all other races.

# Result 2: INCREASE PREVALENCE AND DURATION OF BREASTFEEDING

## Countywide Trends

Breastfeeding promotes bonding and improves health outcomes for both mother and child. Across Sacramento County, the percentage of mothers who exclusively fed their baby breast milk in the hospital remained stable, from 72.4% in 2014 to 72.7% in 2018. Overall, Sacramento County fared better than the overall state average (70.4%). However, the exclusive breastfeeding rate for African American (64.6%) and Asian (65.7%) mothers is lower than it is for White (81.5%) mothers.

**Figure 18. Percentage of Mothers who Exclusively Fed Baby Breast Milk in the Hospital**



Note: Number of mothers who exclusively breastfed their babies in Sacramento – Sacramento 12,039; CA 278,019; African American 998; Asian 1,323; Hispanic/Latino 3,328; White 4,461 (2018). Source: California Department of Public Health, 2018 California In-Hospital Breastfeeding.

## Impact of First 5 Sacramento

### WOMEN, INFANTS AND CHILDREN (WIC)

In 2002, First 5 began funding Sacramento County Department of Health and Human Services (DHHS) Women, Infants and Children (WIC) to provide lactation support services to mothers in Sacramento County. Sacramento DHHS WIC and its subcontractor Community Resource Project (“CRP-WIC”) provided services to promote the initiation and continuation of breastfeeding up to at least 6 months of age. The target population included WIC mothers and infants in Sacramento County, as well as mothers with limited access to lactation assistance. This year, 3,240 mothers received WIC breastfeeding services funded by First 5, with 25.9% of mothers exclusively breastfeeding at 6 months compared to 16.8% of mothers statewide in WIC programs. WIC also worked with numerous community partners to improve access to breastfeeding support services, including Birth & Beyond, Sutter Medical Center, Mercy/Dignity Health, and UC Davis Medical Center hospitals and affiliated clinics.

**Figure 19. RBA Dashboard — WIC DHHS/CRP-WIC Breastfeeding Services**

<b>How much?</b>	Numbers served	
	# of mothers served	3205
	# of providers (e.g., BIH) who received a breastfeeding training	32
	Breastfeeding support (#) Number of Services Provided	
	Helpline: 0-7 days of birth	956
	Helpline: 8 days- 1 year of birth	831
	Drop-in: 0-7 days of birth	311
	Drop-in: 8 days-1 year of birth	681
	IBCLC Consult: 0-7 days of birth	412
	IBCLC Consult: 8 days-1 year of birth	1189
	Home visits (high-need lactating mothers)	48
	IBCLC support for non-WIC mothers with limited access to breastfeeding support services	76
	Follow-up contacts for additional breastfeeding support	627
	Enhanced Referrals (#)	
	Dental care (insurance and/or dental home)	40
	Health care (insurance and/or medical home)	33
	Help Me Grow	24
Family Resource Centers /Parent Support	26	
Child care	42	
<b>How well?</b>	N/A	
<b>Better off?</b>	Exclusive Breastfeeding (% amongst those that could be reached at follow up)	
	At 6 months	25.9%
	At 11 months	26.4%

Sources: FY 2018-19 WIC Client summary by service for clients report in Persimmony, and 2018-19 breastfeeding data export from WIC pertaining to First 5-funded clients only.

## SYSTEMS APPROACHES TO INCREASE THE PREVALENCE AND DURATION OF BREASTFEEDING

First 5 worked to ensure that the breastfeeding services and supplies provided through Medi-Cal are accessible to new moms. Most significantly, First 5 confirmed that lactation services and equipment are covered by the Affordable Care Act (ACA); First 5 helped WIC address barriers to billing for breastfeeding equipment and lactation support. Community Resource Project, Inc. and Sacramento County WIC are currently exploring reimbursement potential through River City Medical Group as an alternate revenue source.

First 5 assessed and advocated for federal and state legislative actions related to the ACA and monitored the actions the state might take to fill gaps created by changes to ACA, while advocating for appropriate county responses. Efforts included updating their Policy Priorities and promoting Baby-Friendly hospital designation.

### Client Success Story: WIC

A WIC-certified International Board-Certified Lactation Consultant (IBCLC) described one client's experience utilizing WIC DHHS services. The client is a 34-year-old single mother of one young child, who separated from her husband a year ago. She discovered WIC for the very first time one sleep-deprived night when she put an emergency 'SOS' out on her Facebook page begging for help with her son's feeding issues. Her newborn baby was having trouble breastfeeding, taking a bottle, even just swallowing in general, and she was desperate to find a way to get him to eat. Another mom replied that WIC had IBCLCs available for breastfeeding help, and she made the phone call to the breastfeeding support line first thing the following morning. Mom described, *"I had been worrying that I couldn't afford quality breastfeeding advice... learning that I could be seen at WIC free of charge was a major game changer for baby and me!"*

Mom and her son received breastfeeding guidance, including weighted feeds, for several months, starting with several times a week, and as things improved, slowly decreased to biweekly, then monthly, as the baby's health stabilized. Mom and her son continue to be seen at the WIC office for breastfeeding help maintenance every few months, as she has elected to pursue extended breastfeeding. Additional support received includes nutritional advice for her son from the WIC office, participation in the WIC stamp program, developmental support for her son from Help Me Grow, and additional help from the Sacramento Children's Home and Child Action.

The IBCLCs at WIC were able to positively impact mom and baby, with both benefiting tremendously from the initial breastfeeding consultations. WIC was able to give crucial advice and moral support to help improve the breastfeeding relationship and help the baby start to gain weight and sleep better at night. The ability to receive extended breastfeeding support, which lasted over one year, and continues to this day, has been a key factor in supporting mom's ability to provide valuable breastmilk to her child into his toddlerhood. Since the baby had some other medical issues, the breastmilk proved to be an invaluable source of nutrients for him, allowing him to thrive, despite all of his other challenges. In addition, the donated items such as baby blankets and breastfeeding supplies, like milk storage bags and extra pump equipment, were greatly appreciated and useful for both mom and baby. *"I am grateful every single day to the wonderful IBCLCs at WIC who helped my son and myself while we were in crisis! ... I was beyond shocked and amazed to have been welcomed in with such warmth and support. These women are guardian angels for myself and my son."*

## Summary

- **Women, Infants and Children and Community Resource Project, Inc. reached 3,237 mothers and providers to promote breastfeeding.** Participating women received one-on-one support with a lactation consultant funded by First 5, as well as drop-in support, and a helpline. Thirty-two providers received training and education to promote breastfeeding.
- **Mothers served by First 5-funded WIC programs are more likely than the national average to be exclusively breastfeeding at six months.** Across both First 5 funded WIC programs, the percent of clients who were exclusively breastfeeding at 6 months (25.9%) was higher than the statewide average for WIC (16.8%), and higher than the national averages (24.9%), and about the same as the statewide average (26.3%)<sup>5</sup>.
- **First 5 promoted systems change policies** to ensure that the breastfeeding services and supplies provided through Medi-Cal are accessible to new moms. First 5 additionally assessed and advocated for federal and state legislative actions to fill gaps in services that might emerge, while advocating for appropriate county responses. Efforts included updating their Policy Priorities and promoting Baby-Friendly hospital designation.



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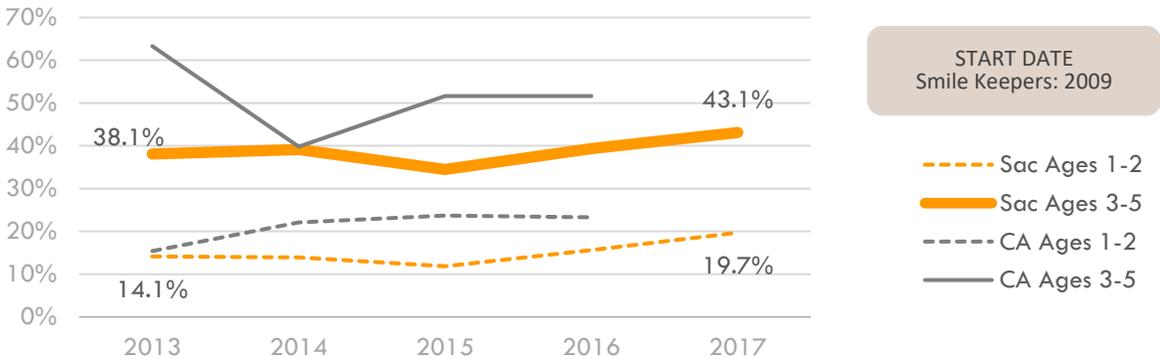
<sup>5</sup> Source: <https://www.cdc.gov/breastfeeding/data/reportcard.htm>. Retrieved December 9, 2019

# Result 3: DECREASE DENTAL DISEASE

## Countywide Trends

Dental disease is influenced by access to and utilization of early dental care. In terms of dental visits for children on Medi-Cal, utilization for children aged 1-2 improved, from 14.1% in 2013 to 19.7% in 2017. Similar improvements were found for children aged 3-5. Despite these improvements, 57% of preschool-aged children in Sacramento County are still not visiting the dentist, and utilization rates are lower than the statewide average.

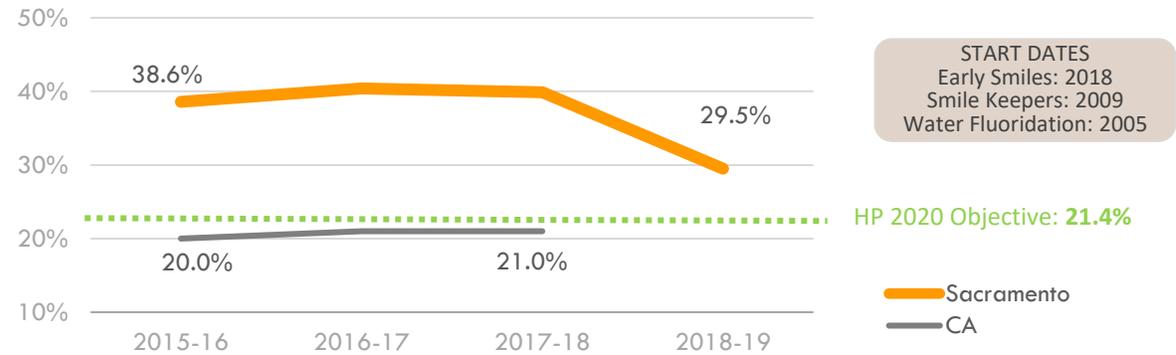
**Figure 20. Percentage of Children with a Dental Visit in the Previous Year (Medi-Cal only)**



Source: California Health & Human Services Agency, Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2013 to 2017.

The percentage of pre-kindergarten students aged 4 to 5 years old with untreated decay has improved, decreasing from 38.6% in 2015 to 29.5% in 2018. However, the county rate for tooth decay still exceeds the state average (20.2%) and the Healthy People 2020 target of 21.4%.

**Figure 21. Percentage of Pre-Kindergarten Children (Sac) and Kindergarten Children (CA) with Untreated Decay**



Source: Early Smiles Performance Report data, FY 2015-16, FY 2016-17, FY 2017-18; Early Smiles 2018-19 Sacramento County Data; California Dental Association AB 1433 Kindergarten Oral Health Requirement Reported Data Sample includes children aged 4-5 who were screened and were found to have “urgent” needs and “non-urgent needs” in their baseline fall screening.

## Impact of First 5 Sacramento

First 5 Sacramento is committed to reducing the incidence and severity of dental disease among children aged 0 to 5 in Sacramento County. First 5 partners with the Center for Oral Health’s Early Smiles program to offer mobile dental services, including exams, fluoride varnish, and dental insurance navigation for children on Medi-Cal. First 5 also collaborates with Sacramento County’s Dental Transformation Initiative (DTI) Project to develop oral health messaging for families. The details of these activities are described below.

### EARLY SMILES

In FY 2018-19, First 5 Sacramento began funding Early Smiles, a program of the Center for Oral Health. This transition from the earlier model to the Early Smiles model reduced First 5 contract costs, delivered the same reach for screenings and varnishes for children, and better connected children to permanent dental homes. In FY 2018-19, Early Smiles provided services and/or information to 278 school and community sites, and provided screenings and fluoride varnishes to 9,799 children, as shown in the following table.

**Figure 22. RBA Dashboard — Early Smiles Dental Screenings**

<b>How much did we do?</b>	# of sites, by setting	278
	School sites	258
	Community Events	20
	# children who received screenings and fluoride varnishes	9,799
<b>How well did we do it?</b>	# (%) of children who were given a referral to a dental home	7,831 (80%)
<b>Is anyone better off?</b>	Dental Homes	
	# (%) of children referred who attended a dental visit	3,224 (41%)

Source: FY 2018-19 Early Smiles Quarterly Performance Reports in Persimmony.

When conducting dental screenings, Early Smiles classified children as either needing urgent care, needing non-urgent dental services, or no obvious need for dental services. About one-quarter (26%) of children were identified as in need of dental services. The results of these screenings are presented below.

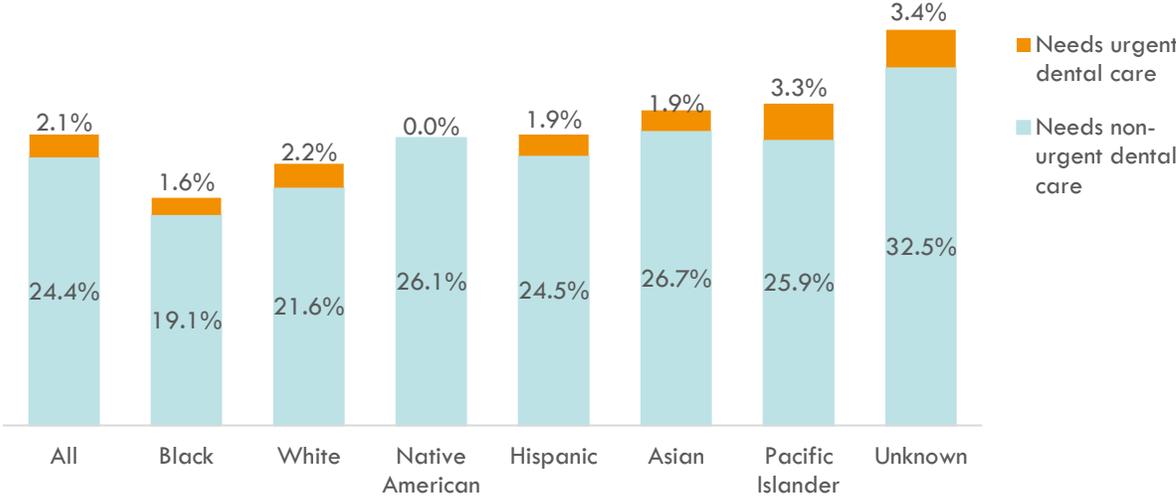
**Figure 23. Results of Early Smiles Dental Screenings, by Ethnicity and Level of Need**

Level of need	All	Black	Hispanic	White	Native American	Asian	Pacific Islander	Unknown
# of screenings	7,743 <sup>6</sup>	1,223	2,620	1,463	157	1,275	212	793
Needs urgent care	160	19	51	32	0	24	7	27
Needs non-urgent care	1,887	234	642	316	41	341	55	258
No need for dental care	5,696	970	1,927	1,115	116	910	150	508

Source: FY 2018-19 Early Smiles data via RAPTER.

<sup>6</sup> There were some children who received a varnish but not a screening, which accounts for the discrepancy in the total numbers presented in the figures above. Procedures have been changed for FY 19-20; screenings and varnishes will be reported separately.

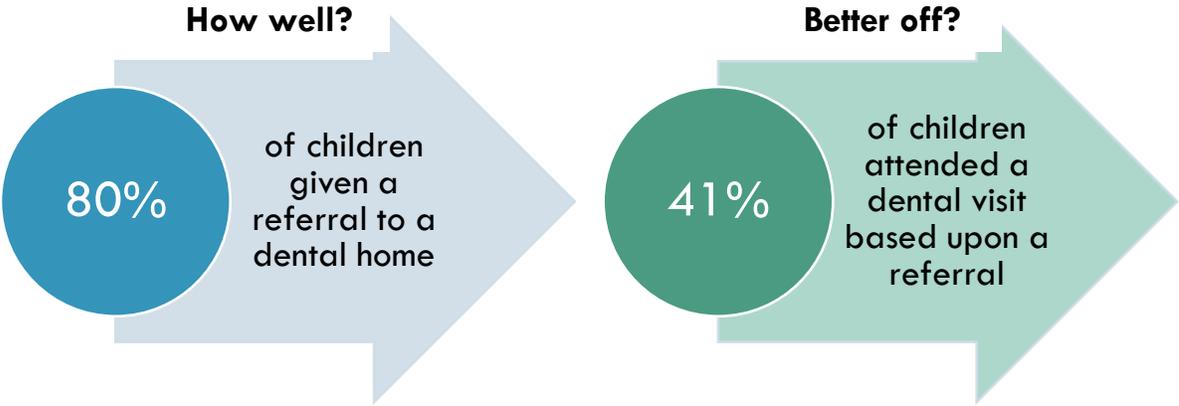
Figure 24. Percentage of Children Needing Dental Care, by Urgency



Source: FY 2018-19 Early Smiles data via RAPTER. n=7,743.

Based on screening results, the Early Smiles program referred 7,831 children (80%) to a dental home. Of those children given a referral, 41% consequently had a dental visit.

Figure 25. Percentage of Dental Home Referrals Given and Utilized



Source: FY 2018-19 Early Smiles Quarterly Performance Reports in Persimmony.

## SYSTEMS APPROACHES TO REDUCE DENTAL DISEASE

First 5 increased the coordination of public education messaging about dental disease. Through collaboration with the Sacramento County Oral Health Program and the Dental Transformation Initiative, First 5 promoted preventive oral health messages and increased access to dental care for low income, culturally diverse neighborhoods through a media campaign. First 5 Sacramento supported other organizations, such as the Center for Oral Health, who are working to promote increased utilization of Medi-Cal dental services in Sacramento County.

First 5 participated in the Medi-Cal Dental Advisory Committee (MCDAC) and Sacramento County's Oral Health Program (SCOHP) to implement the county-wide oral health needs assessment and to develop the Oral Health Strategic Plan to improve the oral health status of Sacramento County children and families.

The Center for Oral Health (COH) Early Smiles program reduced First 5 contract costs by 50% through key partnerships with three Sacramento Geographic Managed Care dental plans, leveraging \$525,000 over three years.

Early Smiles secured an alternate revenue source for mobile dental services for Sacramento's children aged 0-5, including exams, fluoride varnish, and dental insurance navigation.



Additionally, community water fluoridation efforts have continued in Arden Arcade to increase dental health broadly to the children of Sacramento neighborhoods.

## Summary

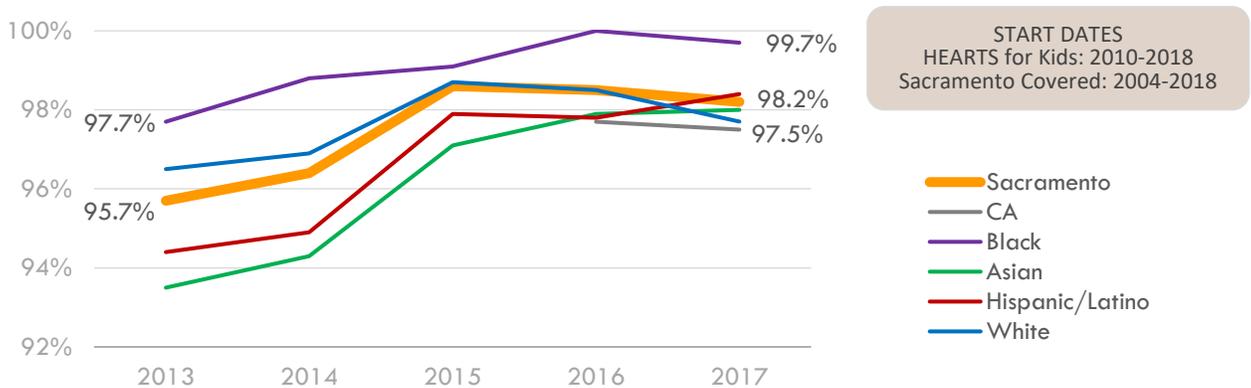
- **Early Smiles screened and served 9,799 children to prevent and address oral health needs.** This year, Early Smiles provided dental health screenings, fluoride varnishes, and dental health information to 9,799 children at schools and community events. Slightly more than one-quarter (26%) of the children screened through the Early Smiles mobile dental program had untreated tooth decay and needed follow-up dental services. Almost all (80%) children were given referrals to establish a dental home, and 41% of those children connected with those dental homes to have a dental checkup.
- **First 5 continued to invest in systemic approaches to oral health.** First 5 increased the coordination of public education messaging about dental disease, participated in the Medi-Cal Dental Advisory Committee (MCDAC) and Sacramento County's Oral Health Strategic Plan (SCOHP), and secured an alternate revenue source for mobile dental services.

# Result 4: INCREASE UTILIZATION OF MEDICAL HOMES

## Countywide Trends

Due to the Affordable Care Act, Sacramento County has reached almost universal health coverage for children. Overall, the percentage of children aged 0-5 who were covered by health insurance increased from 95.7% in 2013 to 98.2% in 2017, and coverage rates were even higher for African American children (99.7%). Sacramento County's coverage rate is better than the state's rate (97.5%).

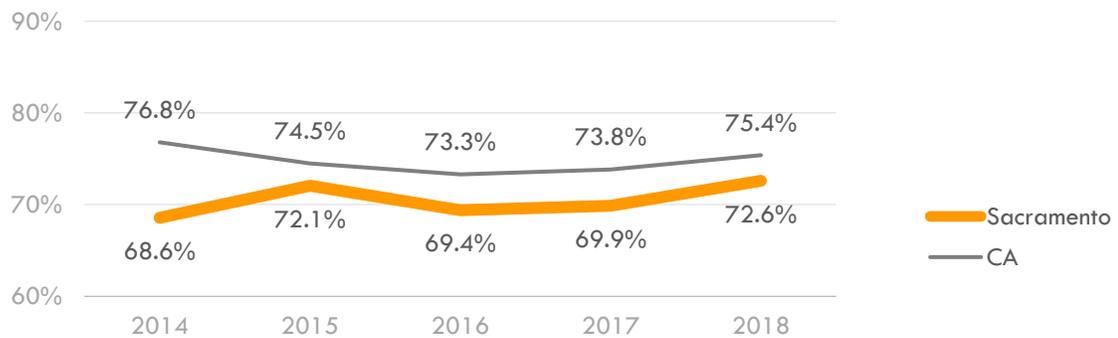
**Figure 26. Percentage of Children 0-5 with Health Insurance**



Source: U.S. Census, American Community Survey. Data based upon one year estimates. Disparities reports B27001 A-I.

Among children 3-6 years old receiving Medi-Cal, the percentage of children in Sacramento County who had at least one well-child visit within the prior 12 months increased from 68.6% in 2014 to 72.6% in 2018. Sacramento County met the 2014 national Medicaid average (72%) yet was lower than the state (75.4%) and the national commercial averages (74%).

**Figure 27. Percentage of Children on Medi-Cal Ages 3-6 With Well-Child Visit in Previous Year**



Source: California Department of Healthcare Services. Medi-Cal Managed Care External Quality Review Technical report, July 1, 2017-June 30, 2018. Weighted average estimates are based upon overall enrollment across all plans.

## Impact of First 5 Sacramento

This result area is impacted through policy and systems approaches rather than direct service funding. To that end, First 5 supported policies to provide services that contribute to, and advocate for, county-wide trends in health care access and utilization.

### **SYSTEMS APPROACHES TO INCREASE UTILIZATION OF MEDICAL HOMES**

First 5 Sacramento increased the coordination of public education messaging around the importance of a medical home, well child check-ups, and maternal mental health. To achieve this, First 5 Sacramento met with 3 Geographic Managed Care health plans and one hospital system to share targeted messaging on the needs of families, the importance of well child visits, and asked for their collaboration in adopting these priorities.

Additionally, First 5 staff met with and presented to the Sacramento Medi-Cal Managed Care Advisory Committee, as well as with individual Geographic Managed Care Medi-Cal health plans (Anthem Blue Cross, United Healthcare, and Aetna Better Health), to discuss access and utilization issues. First 5 provided connections to community advisory groups focused on the 0-5 population (such as the Maternal Mental Health Collaborative) to increase their awareness of the issues of health care rights, mandates for mental health screenings, and provision of a mental health program; as well as case management (to go into effect July 2019). In attendance were representatives from health plans and the Comprehensive Perinatal Services Program.

Regarding policy change strategies, First 5 assessed and advocated for federal and state legislative actions related to the Affordable Care Act and supported local efforts to fill gaps in services in Sacramento. First 5 advocated for maternal mental health policy efforts and co-created a Maternal Mental Health Report of Recommendations. First 5 reinforced their policy agenda by supporting bills at the state level on comprehensive health and development, and issues such as Developmental Screenings and Treatment, Early and Periodic Behavioral Health Diagnosis and Treatment Services, and increased access to WIC programs for families on Medi-Cal.

### **MEDICAL AND DENTAL ACCESS ACROSS FIRST 5 PROGRAMS**

Although the programs described above focused specifically on increasing insurance coverage and access to medical and dental care, other First 5-funded programs include elements of outreach and education to parents about medical and dental insurance and access. Based upon intake and follow-up Family Information Forms, medical home and access were quite high at intake, and remained high at follow-up. Dental home and coverage started lower and significantly increased by the follow-up.

**Figure 28. Medical/Dental Provider and Utilization Among Birth & Beyond and School Readiness Clients**

	Intake	Follow-up
Has your child had a well-baby or well-child health check-up in the past 12 months?	92%	92%
If your child is 18 months or older, have they seen a dentist in the past 6 months?	66%	67%*

Source: Family Information Forms completed in FY 2018-19, all with both intake and follow-up. N= 4,701-4,711 children. \*indicates statistically significant difference at  $p < .05$ .

## Summary

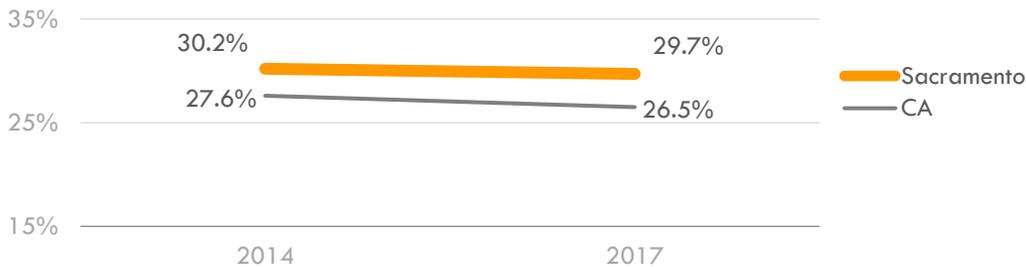
- Among First 5-supported families participating in Birth & Beyond and School Readiness programs, almost all had a medical home at intake (92%) but were less likely to have a dental home (66%).
- First 5 increased the **coordination of public education messaging** around the importance of a medical home, well child check-ups, and maternal mental health. To achieve this, First 5 Sacramento met with 3 Geographic Managed Care health plans and one hospital system to share targeted messaging on the needs of families, and the importance of well child visits, and asked for their collaboration in adopting these priorities.
- First 5 **assessed and advocated for federal and state legislative actions** related to the Affordable Care Act and **supported local efforts** to fill gaps in services in Sacramento.

# Result 5: INCREASE ACCESSIBILITY TO AFFORDABLE QUALITY CHILD CARE

## Countywide Trends

Access to affordable, consistent quality child care is essential for parents to be able to work. Like many counties across the state, there are not enough child care spaces in Sacramento County to accommodate every child who is likely to need care. In Sacramento County, the number of slots at licensed child care centers and family child care homes for children 0-5 decreased from 35,404 in 2014 to 35,149 in 2017, a loss of over 250 slots. Despite this, the county still has better capacity (29.7%) than the state (26.5%).

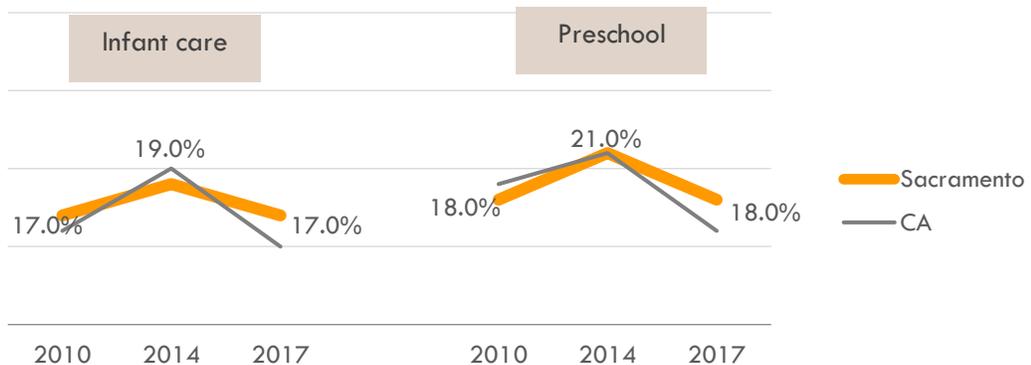
**Figure 29. Percent of 0-5 Year-Olds Who Can Be Accommodated in a Licensed Child Care Space**



Source: California Resource and Referral Network Child Care Portfolios, 2017 Portfolio.

The cost of care continues to rise. For instance, the annual cost of full-time center-based child care for infants increased from \$10,844 in 2010 to \$13,760 in 2017. The cost of full-time center-based child care for preschool children increased from \$7,242 in 2010 to \$9,403 in 2017. Families earning \$50,000 per year would need to spend about 20% of their income to cover the cost of care for one preschool-aged child.

**Figure 30. Percentage of \$52,080 Annual Income Needed to Cover Cost of Child Care**



Source: California Resource and Referral Network Child Care Portfolios, 2017 Portfolio. Note: \$52,080 is 70% of state median income in 2015 for a family of three.

## Impact of First 5 Sacramento

This result area is impacted through policy and systems approaches rather than direct service funding.

### SYSTEMS APPROACHES TO INCREASE ACCESS TO AFFORDABLE CARE

- **First 5 Identified and advocated for federal, state, and local legislation that increases access to child care.** In addition to tracking and supporting priority bills and Governor Newsom’s “Parent Agenda,” First 5 participated in the City of Sacramento’s Child Care Hearing, which convened local government and business leaders (including First 5 Sacramento’s Executive Director and Commissioner Sneeringer) about the ongoing crisis for families and potential solutions to increase affordable and quality child care throughout the city of Sacramento. Chair Serna gave opening remarks and highlighted First 5 Sacramento’s ongoing investment in improving quality child care.
- **First 5 attracted additional attention toward their advocacy work on child care** when the Blue Ribbon Commission Report highlighted First 5 as a key partner and advocate on child care.
- **There was a net gain in the number of sites within the First 5 network,** from 46 California State Preschool Programs (CSPP) sites to 60 CSPP sites, resulting in hundreds more children having access to quality, affordable child care.

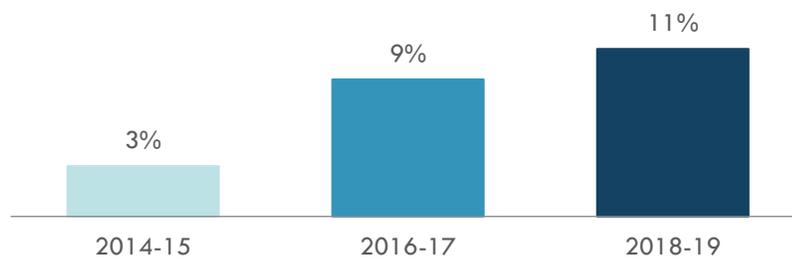


# Result 6: INCREASE USE OF QUALITY CHILD CARE PRACTICES

## Countywide Trends

The research is consistent about the short- and long-term benefits of quality early education experiences for children, particularly in the way such experiences mitigate other risk factors. Ideally, every child should experience some kind of high quality early education prior to entering the K-12 school system. As of June 30, 2015, there were 160 child care programs (serving 4,064 children, or 3.3% of the county's 0-5 year-olds) that were participating in the county's Quality Rating Improvement System (*QRIS*), led by the Sacramento County Office of Education. By June 30, 2019, that number had increased favorably to 285 program sites, representing 13,101 children, or 11% of the county's 0-5 year-olds.

**Figure 31. Percentage of Children Aged 0-5 who Attended a Preschool Site with a Quality Rating**



Source: Sacramento County Office of Education, 2019.

## Impact of First 5 Sacramento

First 5 invests in improving the quality of early education by providing professional development, instructional support, workforce development, and kindergarten readiness support services to child care professionals, early education sites, parents, and caregivers. First 5 funds the following programs to impact the quality of early care and education: Quality Child Care Collaborative (started in 2004) and the Preschool Bridging Model Plus (started in 2008), as well as supporting systems change efforts to increase the use of quality child care practices.

### **QUALITY CHILD CARE COLLABORATIVE (QCCC), A PROGRAM OF CHILD ACTION, INC.**

Early education settings received education, assessments, and technical assistance to improve quality. The *Quality Child Care Collaborative (QCCC)* provides support to licensed and license-exempt child care providers that serve children aged 0-5 in Sacramento County, including those who offer services to families that speak Spanish, Russian, Vietnamese, and Hmong, as well as English. The purpose of the program is to improve the quality of early education settings through workshops, coaching, environmental assessments, and other technical assistance. The QCCC also provides support to caregivers and parents of children with

special needs through the WarmLine Family Resource Center’s hotline. Through the QCCC, Child Action, Inc. served 104 child care programs, providing 417 in-person coaching and consultation visits.

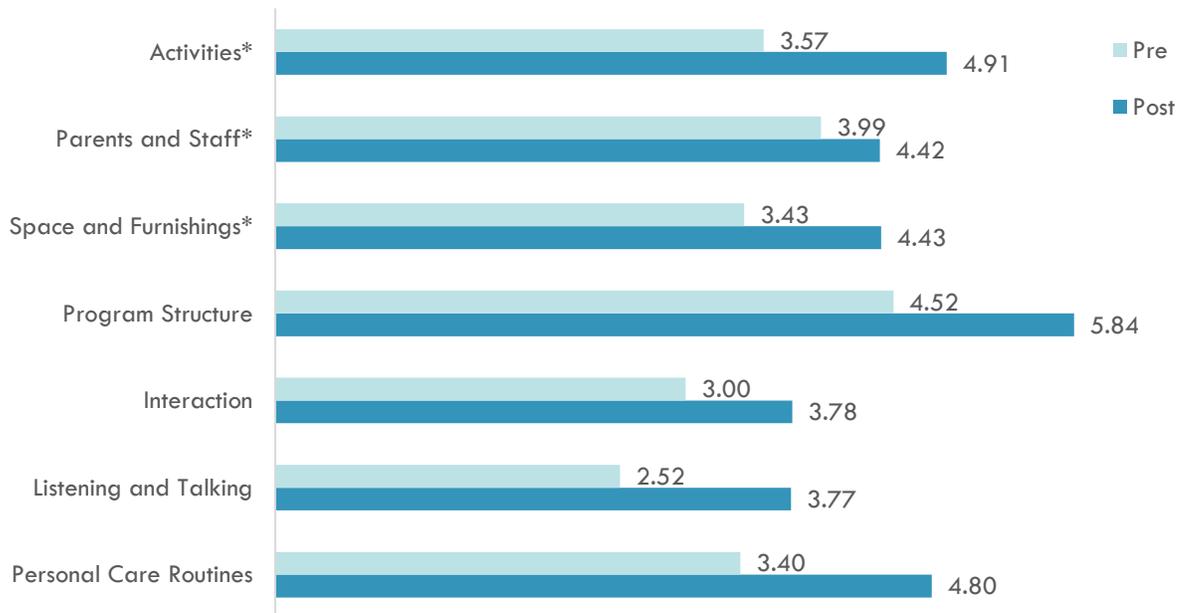
**Figure 32. RBA Dashboard — Child Action, Inc.**

<b>How much did we do?</b>	# of programs served	
	Child care programs	<b>104</b>
	# of ASQ-3 and ASQ-SE Developmental assessments given	
	ASQ-3	<b>35</b>
	ASQ-SE	<b>19</b>
	# of providers who completed various measures	
	Initial and Follow-Up Inventory of Practices	<b>36</b>
	Initial and Follow-Up Environmental Rating Scale	<b>11</b>
<b>Is anyone better off?</b>	Preparation of a Quality Improvement Plan	<b>18</b>
	% of classrooms with increased ERS scores ( <i>among 11 classrooms with pre and post assessments</i> )	
	Space and furnishings	<b>91%</b>
	Activities	<b>73%</b>
	Parents and staff	<b>73%</b>
	Listening and talking/language	<b>73%</b>
	Personal care routines	<b>56%</b>
	Program structure	<b>45%</b>
Interaction	<b>45%</b>	

Source: FY 2018-19 QCCC Quarterly Performance Reports in Persimmony. ERS scores provided by Child Action.

Child Action, Inc. increased the quality of early care and education across all domains. During this fiscal year, a total of 11 classrooms completed pre and post Early Childhood Environmental Rating Scale (ECERS-R) assessments.<sup>7</sup> As seen in the table above, the majority of classrooms had increased scores across the ECERS-R domains from fall 2018 to spring 2019, though just under half of the classrooms experienced change in the domains of *Program Structure* and *Interaction*. Pre and post scores were also analyzed as mean scores per domain. As seen below, this analysis revealed that significant improvements were observed in centers, based upon ECERS-R assessment data for the *Activities*, *Space and Furnishings*, and *Parents and Staff* domains.

<sup>7</sup> Due to very small sample sizes, pre/post changes must be interpreted conservatively.

**Figure 33. Results of Pre- and Post-ECERS-R Assessments, Child Action Classrooms**

Source: Child Action, N=11. \*denotes statistically significant difference at  $p < .05$

Additionally, the Ages and Stages Questionnaire-3 (ASQ-3) developmental assessment was conducted with 35 children. Of these, 44% scored in the typical range for all domains, 32% were in the monitoring zone for *at least one* domain, and 24% scored below the cutoff in *at least one* domain.

### Client Success Story: Child Action, Inc.

Consultants through the Quality Child Care Collaborative (QCCC), Child Action, Inc. described how one Family Child Care Home (FCCH) provider was able to successfully use their services to improve the quality of care for her students.

Maria<sup>8</sup> is a Spanish speaking Family Child Care Home (FCCH) provider. Her daughter, Juanita, who is her assistant, and Juanita's two children also live with her. Maria originally came to Child Action, Inc. for support with becoming a licensed care provider. She participated in the capacity building program and successfully opened her business. She would occasionally contact Child Action, Inc. for guidance. During one call, Maria shared that her 3 year-old grandson (Manuel), who attended the program, had recently been diagnosed with autism. From a child care provider point of view, both Maria and Juanita were feeling overwhelmed in addressing his challenging needs. The Quality Child Care Collaborative (QCCC) was able to provide the additional support that was needed as they worked to create an inclusive and developmentally supportive environment in their home language.

The consultant observed Manuel's behavior in the child care setting, and through a series of visits, the consultant and Spanish coordinator worked with Maria and Juanita to implement strategies to help with

<sup>8</sup> All names have been changed to protect privacy.

structuring the day and creating a calming environment, such as a picture schedule to add structure in the day, timers to help with handwashing and cleanup, children's books that discuss self-regulation strategies like deep breathing and finding a quiet place, and giving Manuel a weighted vest to wear. They also decided to have an ERS assessment of their program to work on creating an all-inclusive environment to meet the needs of all children.

The QCCC implemented a strengths-based consultation approach with the FCCH provider, and the partnership created between the provider, the parent, and the consultant created consistency of care and practice across Manuel's home and child care environment. Due to the program's success, Manuel is now sleeping through the night and is using self-soothing strategies during his time in child care. Furthermore, Juanita described to Child Action, Inc. the positive impact that the weighted vest has had on Manuel, explaining, *"I was very pleased and so happy to see my son be so excited yet calm. It was the vest that helped him regulate."*

Through the program improvement plans provided by the QCCC, Maria has raised her overall program ERS score more than a full point and has made impressive improvements to the organization and accessibility of her space, leading to the children in her care engaging in more developmentally appropriate play.

## PRESCHOOL BRIDGING MODEL PLUS

The Preschool Bridging Model Plus (PBM+) program provides quality enhancement support to privately-funded early care and education providers through CLASS assessments, instructional support, and site development. It also provides services such as developmental and health screenings to help children aged 0-5 and their families with the transition to preschool and kindergarten.

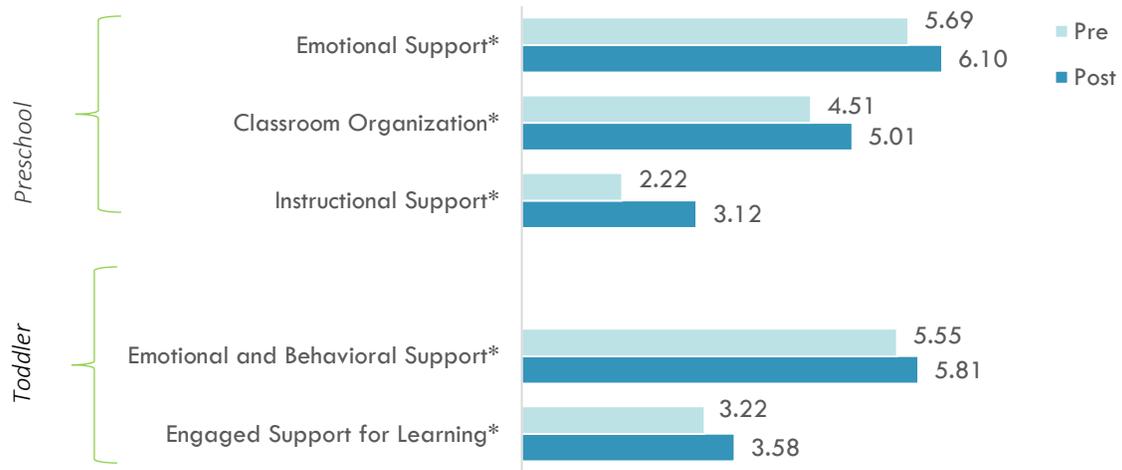
**Figure 34. RBA Dashboard — Preschool Bridging Model Plus**

<b>How much did we do it?</b>	<b># of individuals served</b>	
	Children	2,064
	Center-Based Teachers	100
	Family Child Care Home Teachers	25
	<b># of teachers who completed both Initial and Follow-Up CLASS Assessment</b>	
	Center-Based Teachers	74
Family Child Care Home Teachers	24	
<b>How well did we do it?</b>	<b># of teachers who had at least 1 hour of in-person consultation</b>	
	Center-Based Teachers	100
	Family Child Care Home Teachers	25
	<b>Teachers who completed at least 75% of the goals in their Individual Professional Growth Plan</b>	
	# Center-Based Teachers	100
	# Family Child Care Home Teachers	25
<b>Is anyone better off?</b>	<b>% of preschool classrooms with increased CLASS scores</b>	(n=48)
	Emotional Support	73%
	Classroom Organization	60%
	Instructional Support	79%
	<b>% of toddler classrooms with increased CLASS scores</b>	(n=43)
	Emotional and Behavioral Support	56%
Engaged Support for Learning	74%	

Source: FY 2018-19 PBM+ Quarterly Performance Reports in Persimmony. FY 2018-19 Screening and CLASS data provided by PBM+.

Preschool classrooms’ CLASS assessment results displayed improvement in the quality of teacher-child interactions across domains from pre- to post-assessment. PBM+ administered pre and post Preschool Classroom Assessment Scoring System (CLASS) assessments in 48 preschool classrooms to measure classroom interactions. As shown in the figure below, there were statistically significant increases in average scores from pre to post in the tool’s three domains: *Emotional Support*, *Classroom Organization*, and *Instructional Support*. Meanwhile, pre and post Toddler CLASS assessments were conducted in 43 classrooms. There were statistically significant increases in average scores from pre to post in *Emotional and Behavioral Support* and *Engaged Support for Learning*. As seen above, 56% of toddler classrooms improved in *Emotional and Behavioral Support* and 74% increased scores in classroom practices for *Engaged Support for Learning*.

**Figure 35. Results of Pre and Post CLASS Assessments, PBM+ Classrooms**



Source: FY 2018-19 CLASS data provided by PBM+. n=48 preschool classrooms and n=43 toddler classrooms. \*Statistically significant at  $p < .05$ .

### Client Success Story: Preschool Bridging Model

Program mentors from the Preschool Bridging Model Plus program described how one Family Child Care Home (FCCH) provider utilized ASQ screening tools to identify for assessment and connect to services for a student in need, who would have otherwise remained under the radar.

A divorced mother raising a three-year-old daughter, Jozie<sup>9</sup> (with the help of the child’s father), enrolled her child in a FCCH that was participating in PBM Plus. The mother’s parents had been caring for the child, but the mother realized that Jozie needed more socialization with other children her age. The FCCH provider received the ASQ from the PBM Plus Family Advocate and routinely distributed the ASQ questionnaires to the enrolled families. After all parents completed the ASQ, the Family Advocate and FCCH provider scored the ASQs. The ASQ results demonstrated a need to screen Jozie using the ASQ-SE tool as well. The FCCH provider soon realized that this little girl needed more support. The ASQ and ASQ-SE results gave the provider the tools to schedule a parent conference and to support the parents during this adjustment. The provider explained, “Initially I thought [ASQs] were only a little helpful and a good way for me to keep track of the children’s progress a couple times a year but didn’t clearly understand its true purpose, [until Jozie].”

The FCCH provider supported the parents in making an appointment with Jozie’s doctor and sharing with him the ASQ scores. Through this connection, Jozie received intensive testing, was diagnosed with high-functioning autism, and an IEP was completed. Jozie is now receiving behavioral and speech support at home, as well as in the Family Child Care Home. The teachers at the FCCH now have the tools to support Jozie’s growth and development and Jozie’s mother has expressed confidence in the FCCH’s ability to support her daughter. As the FCCH provider explained, “If it wasn’t for the ASQs, I’m not sure if we would have been able to get such an early start on helping little Jozie.”

<sup>9</sup> Name has been changed to protect privacy.

## SYSTEMS APPROACHES TO INCREASE USE OF QUALITY CHILD CARE PRACTICES

As direct service funding continued to decrease, First 5 Sacramento sought ways to do more with less, by stretching and leveraging dollars and partnerships in new ways:

- Encouraging school districts to include early care and education in their Local Control and Accountability Plans (LCAPs) and to direct funding to children aged 0-5 and their parents.
- First 5 funded 408 preschool spaces in 2017-18, and just 59 spaces in 2018-19. Despite this large shift, not a single child lost their child care space, and districts grew in their number of spaces. First 5 Sacramento developed a successful strategy to reduce preschool spending by partnering with Head Start and School Districts; approximately \$3 million in First 5 funding was saved by transitioning preschool spaces to CSPP and Head Start spaces. In fact, there was a net gain in the number of sites within the First 5 network from 46 California State Preschool Programs (CSPP) sites to 60 CSPP sites.
- The reduced spending on preschool spaces enabled First 5 to reallocate to provide preschool enhancements such as materials and staff support for a larger number of early learning sites.

## Summary

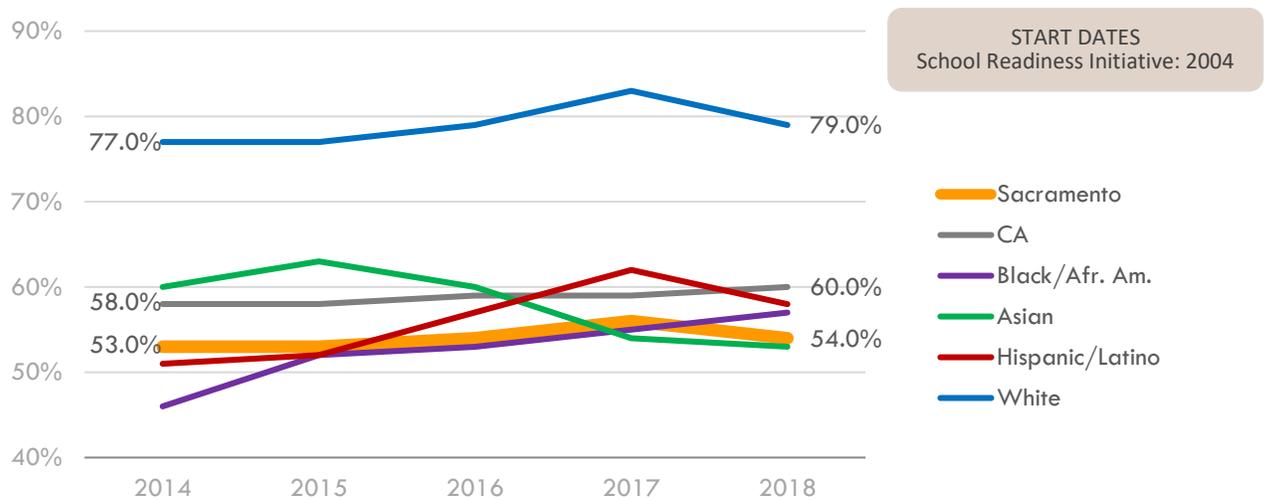
- **Child Action, Inc.'s *Quality Child Care Collaborative (QCCC)* helped 111 early educators increase the quality of 104 classrooms.** The Quality Child Care Collaborative (QCCC) provided support to licensed and license-exempt child care providers through workshops, environmental assessments (ECERS-R, FCCERS-R, and ITERS-R), coaching, and workshops. Child Action, Inc. increased the quality of early care and education in partner classrooms, as seen by statistically significant improvements in the ECERS-R domains of *Activities, Space and Furnishings, and Parents and Staff*.
- **The Preschool Bridging Model Plus (PBM+) supported 125 early educators in the private sector to increase their quality of care.** Through Classroom Assessment Scoring System (CLASS) assessments, instructional support, site development, and developmental and health screenings, PBM+ helped children aged 0-5 and their families gain a quality early education and be prepared for the transition to kindergarten. Improvements in the fall to spring CLASS assessments were consistent with previous years' data, with statistically significant gains in all three dimensions of the preschool classroom tool: *Emotional Support, Classroom Organization, and Instructional Support*, and statistically significant gains in both dimensions of the toddler classroom tool: *Emotional and Behavioral Support and Engaged Support for Learning*.
- **First 5 supported the increased use of quality child care practices by advocating for strong financial investments.** These efforts included encouraging school districts to include early care and education in their Local Control and Accountability Plans (LCAPs) and to direct funding for children aged 0-5 and their parents.

# Result 7: INCREASE CHILDREN’S, FAMILIES’, AND SCHOOLS’ READINESS FOR KINDERGARTEN

## Countywide Trends

Preparedness for kindergarten has been found to significantly increase children’s likelihood of later success in school, with benefits observed even until fifth grade (Sabol & Pianta, 2012). In Sacramento County, kindergarten readiness has been measured by three domains: Social Expression, Self-Regulation, and Kindergarten Academics. The countywide rate of readiness has slipped slightly, but children who have engaged in services supported by First 5 Sacramento have been shown to enter school more ready to learn than their peers. Preschool access, a big predictor of kindergarten readiness, is unchanged over the past few years, and White children were 1.4 times as likely as Latino children to be enrolled in preschool.

**Figure 36. Percentage of Children 3-4 Years Old Enrolled in Preschool**



Source: US Census Bureau, U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates. Population estimates for 3-4 year-olds for Sacramento, CA, and race/ethnicity from DoF estimates.

## Impact of First 5 Sacramento

In 2004, First 5 began funding nine school districts to provide services designed to promote school readiness, including enhanced preschool, playgroup services, developmental screenings, parent education, and kindergarten transition camps. In 2018-19, the nine partner school districts provided these services at 46 sites across the districts. First 5 also maintained a focus on serving children and families with Child Protective Services involvement, those who have disabilities/special needs, as well as dual language learners, migrant families, families in poverty, and/or other under-served populations. Some districts also provided more intensive support to families through case management and home visitation.

## PRESCHOOL

First 5 Sacramento funds enhancement to 46 high quality early education sites throughout nine partner districts (96% are rated a 4 or 5 on the QRIS matrix). These programs are designed to introduce children to a fun learning environment that helps prepare them for kindergarten. Preschool programs are available for children aged 3-5. Programs operate 3 or more hours per day throughout the school year. Priority is given to children aged 4-5 without former preschool experience.

**Figure 37. RBA Dashboard — School Readiness: Preschool**

<b>How much did we do?</b>	# of preschool slots funded by First 5	<b>59</b>	
	# of children who attended preschool via a First 5-funded slot <sup>10</sup>	<b>97</b>	
<b>How well did we do it?</b>	Quality Rating & Improvement System (QRIS):		
	% of sites with element score of 4 or 5 (on a scale of 1 to 5) <sup>11</sup>	<b>96%</b>	
	Attendance for preschool slots		
	% of children who attended at least 30 weeks	<b>38%</b>	
<b>Is anyone better off?</b>	Average School Readiness Scores (2017) <sup>12</sup>	<b>No Preschool</b>	<b>Preschool</b>
	Overall Readiness	<b>2.98</b>	<b>3.21*</b>
	Kindergarten Academics	<b>2.69</b>	<b>3.05*</b>
	Self-Regulation	<b>3.14</b>	<b>3.29*</b>
	Social Expression	<b>3.07</b>	<b>3.24*</b>

Source: School districts’ FY 2018-19 individual-level service data in Persimmony; School Readiness Assessment Fall 2017 data. QRIS data submitted by each school district for each site. n=53 sites, 51 of which were rated a 4 or a 5. School readiness assessment data: No Preschool n=247; Preschool n=535. \* indicates a statistically significant difference.

Preschool prepares students for kindergarten entry. Consistent with prior years, students who entered kindergarten in 2017 having had a First 5-funded preschool experience achieved significantly higher scores on the First 5 school readiness assessment conducted across all school readiness districts.

<sup>10</sup> Since some children attended for only part of the year, the total number of children served through these slots was higher than the number of slots. Attendance data are based upon these 97 children.

<sup>11</sup> Two-hundred and eighty-five First 5-funded sites are participating in QRIS.

<sup>12</sup> Preschool refers to First 5-funded center-based preschools. The full school readiness report may be found on the First 5 Sacramento website.

## PLAYGROUPS

First 5 Sacramento supports playgroups to provide opportunities for parents of children aged 0-3 to connect with other parents while learning about age-appropriate expectations for their developing children and learning skills around reading children’s cues. Children in playgroups are provided opportunities for social-emotional development and social interaction with other children. Drop-in playgroup sessions are available at least 1-2 days a week for 1-2 hours each.

**Figure 38. RBA Dashboard — School Readiness: Playgroups**

<b>How much did we do?</b>	<b># served</b>		
	Children (aged 0-3)	1,043	
	Parent or other adult	979	
<b>How well did we do it?</b>	<b>Attendance:</b>		
	Average # of sessions attended per child	8.65	
	% who attended more than one session	78%	
	% who attended more than ten sessions	23%	
	<b>Resources:</b>		
	Number of developmental screenings (ASQ and ASQ-SE)	3,675	
	<b>Playgroup Satisfaction:</b>		
	% satisfied or very satisfied with the overall quality of the playgroup program	99%	
	% who feel child is safe coming to the program	100%	
	% who feel child is happy coming to the program	100%	
	% who feel child enjoys coming to the program	100%	
	% very satisfied with:		
	Number of adults working with children	98%	
	Background and experience of staff	99%	
	Languages spoken by staff	100%	
Interaction between staff and children	100%		
Daily activities	98%		
Environment	100%		
Nutrition	91%		
How the program promotes your child's learning and development	99%		
<b>Is anyone better off?</b>	<b>% of parents connected to their community (Percent who agree/strongly agree; Family Intake Form)</b>	<b>Pre</b>	<b>Post</b>
	I know what program to contact in my community when I need help for basic needs (e.g., housing, food, employment).	61%	80%*
	I know what program to contact in my community when I need advice on how to raise my child.	63%	82%*

Source: Persimmony Client Summary by Service Modality Report, FY 2018-19; Persimmony Export Client Service, FY 2018-19; Playgroup Parent Survey, Spring 2019 n = 88 post, Family Information Form, FY 2018-19. \*indicates statistically significant differences at  $p < 0.05$ .

Playgroup satisfaction was measured by a Fall and Spring Playgroup Parent Survey. Participants were highly satisfied at both the Fall and Spring administrations (96-100%), with the exception of nutrition, which scored 94% in Fall and 91% in Spring. This is likely due to a change in most sites’ snack routine mid-year, due to limited funds, and/or new decisions to not include snack time.<sup>13</sup>

Playgroup parents’ level of community connectedness was measured by self-report through the Family Information Form. Across a matched set of respondents with intake and follow up forms, parents showed statistically significant gains in *knowing what program to contact in my community when I need help for basic needs* and *knowing what program to contact in my community when I need advice on how to raise my child*.



Playgroup at General Davie Primary Center, SJUSD, Winter 2019.

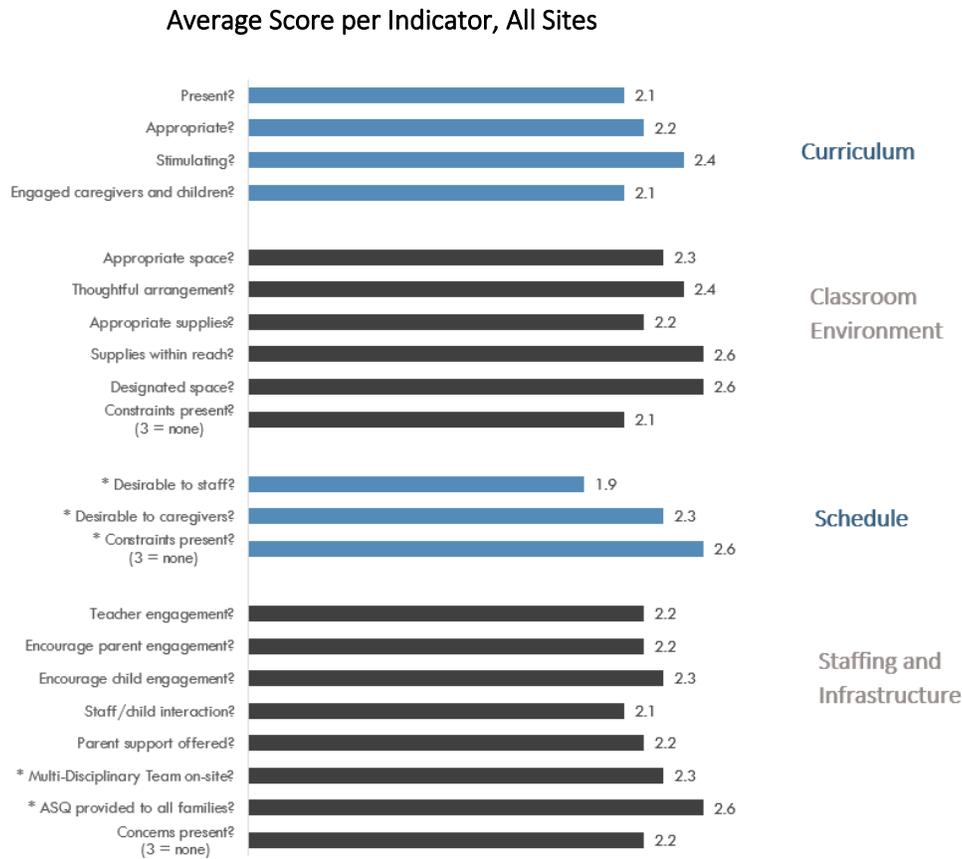
### Client Success Story: Playgroups

A playgroup teacher in the San Juan Unified School District described one participating family’s experience in playgroup for three years and state preschool for one year. The family is comprised of a 68-year-old father of a 6 year-old, 3 year-old, and an infant due in July 2019. Father takes the children to playgroup/preschool, and mother works full time. The parents became involved in First 5 when they arrived in Sacramento and met up with other parents at First 5 family-oriented events. This group of parents told the father about the First 5 playgroup. The parents were glad to join because they needed a place to acclimate their children to a school environment with the opportunity for socialization for both the children and parents. The parents explained that *“we value the resources, activities, and time we spend in playgroup to assist in the development of our children.”*

<sup>13</sup> Source: Data gathered from playgroup parent focus groups in winter 2019.

### Winter 2019 Developmental Playgroups Formative Evaluation

First 5 Sacramento conducted a formative study to better understand how developmental playgroups were being implemented across First 5 Sacramento’s nine partner school districts, and to guide quality improvements. Specifically, the evaluation gathered data regarding four main dimensions: curriculum, classroom environment, schedule, and staffing/infrastructure, and assessed each site on characteristics or indicators within each dimension. Indicators were rated using a 1-3 scale, where 1 indicated the characteristic was not present, and 3 = consistently present.



Findings revealed the following:

- Four out of 9 sites had playgroup models that were exemplary. Another 4 sites received scores that reflected average performance in the indicators assessed, and 1 site received a scores that indicated room for significant improvement.
- “Classroom environment” and “staffing/infrastructure” were the highest-scoring dimensions, with 4 out of 9 sites scoring well (a score at or above 2.4 on a 3-point scale) on these dimensions, while only 3 sites scored well on “curriculum,” and 2 sites scored well on “schedule.”

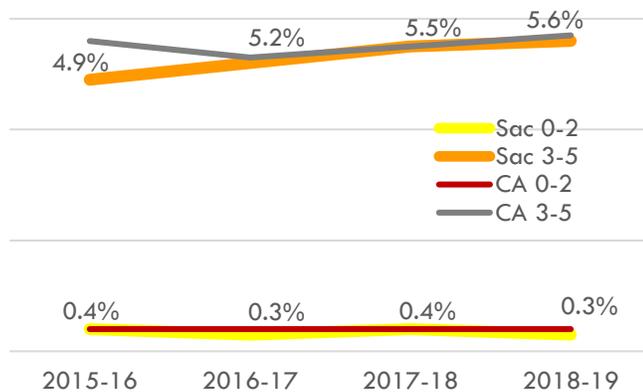
Results across the four playgroup dimensions, as well as recommendations to guide quality improvement, are detailed in the Winter 2019 Developmental Playgroups Formative Evaluation, available at: <https://first5sacramento.saccounty.net/Results/Documents/DataSnapshotWinter-2019-DevelopmentalPlaygroupsFormativeEvaluation.pdf>.

## SCREENINGS AND REFERRALS

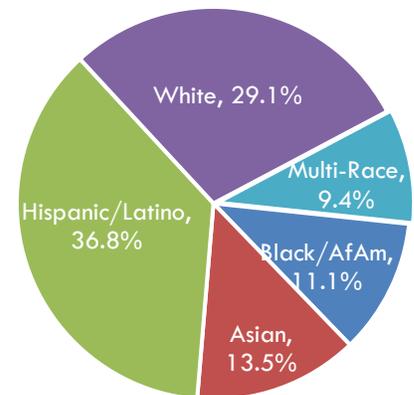
The goal of developmental screenings and developmentally appropriate practices is to be able to identify and serve children who have developmental concerns. Not all special needs can be prevented or ameliorated, but early detection can ensure that children receive services earlier, and in some cases, prevent special needs from becoming more severe over time. There are currently no countywide data on the prevalence of early developmental concerns, but county data on special needs services are available from the Department of Education.

The figure below represents the percentage of the Sacramento County population receiving special education services by age group and ethnicity. For children ages 0-2, trends are comparable between the county and state, and are generally unchanged. For children ages 3-5, the prevalence of special needs has increased over the past few years for county and the state. In terms of distribution among those with special needs, Hispanic/Latino children aged 0-5 were overrepresented in special education, and Whites were underrepresented.

**Figure 39. Percentage of Children Aged 0-2 and 3-5 Enrolled in Special Education**



**Children Aged 0-5 Enrolled in Special Education, by Ethnicity,**



Source: California Department of Education, DataQuest. Note: Estimated number of Sacramento students aged 0-2 enrolled in special education: 203 (2018-19 school year); aged 3 to 5 enrolled in special education: 3,321 (2018-19 school year).

The most common special needs for children ages 3-5 are speech or language impairment (57%), followed by autism (33%), both of which can be addressed once identified.<sup>14</sup>

<sup>14</sup> California Department of Education, DataQuest. Note: Number of students aged 3-5 enrolled in special education— Speech/language impairment: 1,867; Autism: 1,077; Intellectual Disability 93; Other Health Impairments 105; Multiple Disability 57; and Other 67. “Other” includes Hard of Hearing, Orthopedic Impairment, and Specific Learning Disability.

In order to detect potential issues early, First 5 Sacramento provides children aged 0-5 with screenings and assessments related to child development, speech/language, vision, and hearing. Families are provided with referrals, follow-up services, and/or resources for any concerns identified.

**Figure 40. RBA Dashboard — School Readiness: Screenings and Referrals**

<b>How much did we do?</b>	<b># of children screened<sup>15</sup></b>	
	Developmental Screening	1,554
	Hearing Screening	1,933
	Speech/Language Screening	1,333
	Vision Screening	1,554
	<b># of referrals provided</b>	
	Developmental	37
	Hearing	26
	Speech/Language	188
	Vision	140
	<b>Age at Developmental Screening<sup>16</sup></b>	
	% screened who were aged 0-3	44%
% screened who were aged 4-5	56%	
<b>How well did we do it?</b>	<b>% screened who were referred to services</b>	
	Developmental Referral	2%
	Hearing Referral	1%
	Speech/Language Referral	14%
	Vision Referral	9%
<b>Is anyone better off?</b>	<i>% of children referred to services who accessed those services<sup>17</sup></i>	N/A

Sources: School districts’ FY 2018-19 Client Summary by Service and Client Summary by Service Modality reports in Persimmony. Dental referrals unavailable this FY 2018-19.

Eleven thousand, nine hundred fifty-six<sup>18</sup> screenings were conducted for children aged 0-5 for issues related to child development, speech/language, vision, and/or hearing. Children were most likely to be referred for further assessments in the areas of speech/language (14%), followed by vision (9%), developmental needs (2%), and hearing (1%). Improvements are underway in 2019-20 to collect and report client follow-up to service referrals.

<sup>15</sup> These numbers are unduplicated for each individual screener.

<sup>16</sup> 0-3 year-olds include children who were 0 years to 3 years, 364 days when the screening was conducted.

<sup>17</sup> Data to answer this question is not currently being collected.

<sup>18</sup> Duplicated number of screens.

## FAMILY SUPPORT AND ENGAGEMENT

Families with children aged 0-5 are encouraged to be involved in their child’s early learning and development. Families are supported in these efforts through the provision of general information about schools, orientations, parent education classes and workshops, adult literacy, nutrition, and health and dental insurance, among other supportive services.

**Figure 41. RBA Dashboard — School Readiness: Family Support and Engagement**

<b>How much did we do?</b>	<b># of unduplicated adults served, by service</b>		
	Family Literacy	2,001	
	Parent Education	477	
	Intensive Support (e.g. case management, home visits)	89	
	Transition Orientation	820	
	Parent Conference	618	
	<b>Average # of hours per person or family, by service</b>		
	Family Literacy	1.7 hours	
	Parent Education	2.7 hours	
Intensive Support (e.g. case management, home visits)	1.5 hours		
<b>How well did we do it?</b>	<i>Measure of satisfaction (only for some workshops)</i>	N/A	
<b>Is anyone better off?</b>		Pre	Post
	% of parents reading at least five times per week (of those who participated in literacy activity and have both pre and post data; n=639)	44%	52%*
	% of parents who are connected and supported (Percent who agree or strongly agree, of those who have both pre and post data)		
	I know what program to contact in my community when I need help for basic needs (e.g. housing, food, employment). (n=639)	72%	74%
	I know what program to contact in my community when I need advice on how to raise my child. (n=639)	70%	76%*

Source: School districts’ FY 2018-19 Client Summary by Service report in Persimmony and the Family Information Form. \*indicates statistically significant difference at  $p < 0.05$ .

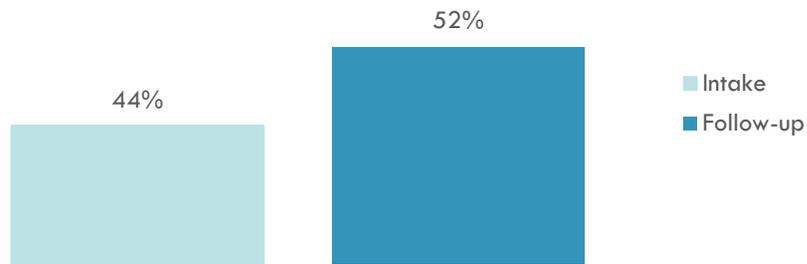
Among parents who engaged in First 5-funded school readiness services and who completed pre and post Family Information Forms, there was an increase in the percentage of parents reading to their child(ren) at least five times a week, as seen in the figure above.

Families who participated in school readiness programs reported feeling more connected within their community. From intake to follow-up, more parents agreed that that they know programs to contact in their community for basic needs and for advice on child rearing.

## FAMILY LITERACY

Activities and workshops to promote family literacy were one component of school districts’ school readiness services. Data collected using the First 5 Sacramento Family Information Form showed that among the parents who participated in family literacy programming, and for whom intake and follow-up data were available (n = 639), there was an increase in reading time at home with children. As shown in the figure below, 44% read at home at least five days per week at intake, and this increased to 52% after participating in the family literacy activities.

**Figure 42. Percentage of Family Literacy Participants who Reported Reading with Children at Least Five Days Per Week\***



Sources: Family Information Forms from FY 2018-19; School districts’ FY 2018-19 individual-level service data in Persimmony. Notes: n=639 children. \* indicates statistical significance at  $p < .05$ .

## TRANSITION SUMMER CAMP

Transition summer camp included learning and enrichment activities for children and workshops to orient parents to prepare for kindergarten entry. Transition summer camps are typically 3-4 weeks in duration with a targeted minimum of 3-4 hours per day, for a total targeted minimum of 60 hours of program engagement. The camps are intended to serve under-resourced children who might otherwise not have access to preschool or other school readiness programs and focused on preparing children for starting kindergarten, with an emphasis on numeracy, literacy, and social-emotional development. A pre and post kindergarten readiness assessment was conducted at Folsom Cordova, Natomas, Twin Rivers, River Delta, and San Juan to gauge children’s growth in the program and preparedness for kindergarten.

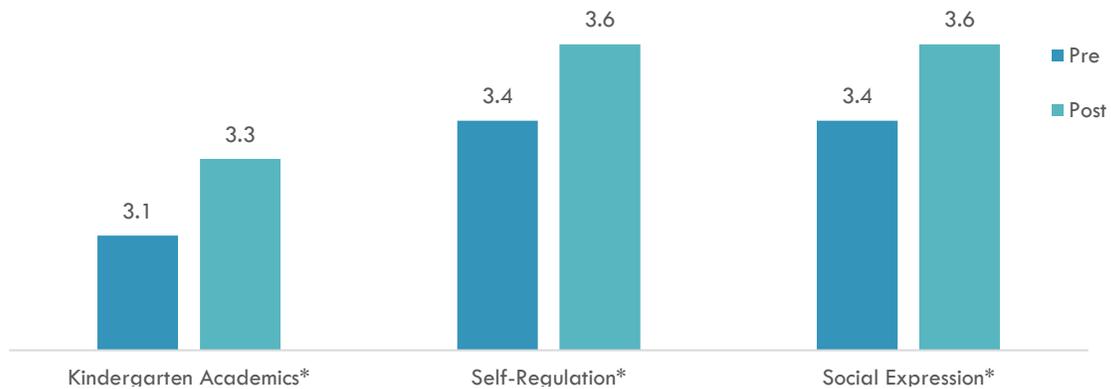
**Figure 43. RBA Dashboard — School Readiness: Transition Summer Camp**

<b>How much did we do?</b>	# of children served	378
<b>How well did we do it?</b>	% of children who completed at least 56 hours	34%
	% of children whose parents participated in transition orientation	59%
<b>Is anyone better off?</b>	% of children whose skills increased from the pre to post test (n=301)	
	Kindergarten academics	59%
	Self-regulation	44%
	Social expression	24%

Source: FY 2018-19 individual-level client service data in Persimmony; 2019 Summer Transition Camp Pre/Post Assessment.

At the beginning and end of the Transition Summer Camp program, students were assessed across three primary domains of readiness: *Social Expression*, *Self-Regulation*, and *Kindergarten Academics*. Overall, students showed improvement across all three skill areas, as seen by the change in average readiness skills from pre- to post-test over the summer.

**Figure 44. Change in Average Kindergarten Readiness Score Among Transition Summer Camp Participants**



Source: Transition Summer Camp Pre/Post Survey, 2019. n=301. \*indicates a statistically significant difference at  $p < .05$

### Client Success Stories – Transition Summer Camp

Numerous districts participating in the Transition Summer Camp program offered stories of how their program impacted students and families.<sup>19</sup>

A provider from the San Juan Unified School District described how a student, Clara, was referred by her preschool teacher to the program and benefited from their Summer Program. Clara was described as a very quiet and introverted girl. Upon completion of the Summer Program, the provider was amazed to see her growth; during the first few weeks of the program, Clara had refused to participate in group time and would only sit in a chair next to a teacher and would not answer the daily question, yet by the fourth week, she was sitting independently on the carpet and participating in the question of the day. Clara’s confidence grew and she even formed relationships with her peers and staff, as a result of participating in the program.

Similarly, a provider from Natomas Unified School District described the successes of two of their students in their Kinder Readiness Camp. Both Jaden and Lily had not had any preschool experience before entering the Kinder Readiness Camp and their parents were informed about the program through the school. Both children loved attending the program, especially due to their new teachers and friends. Jaden’s father was so pleased with the program and communicated its beneficial impact on teaching Jaden to be on time and prepared for school, explaining that “*Jaden loves his preschool. He woke up early this morning at 6:45am [to] get ready to go to school.*” Lily’s mother was also pleased, sharing that “*Lily is now so excited to start*

<sup>19</sup> Names have been changed to protect privacy when consent forms were not signed.

*kindergarten...She especially loved the field trip and bus ride. The backpack with school supplies is an added bonus!”*



Jaden, 2019 NUSD Kinder Readiness Camp



Lily, 2019 NUSD Kinder Readiness Camp

Another provider from the San Juan Unified School District described their student and family successes with the Kinder Camp Program through the example of Robbie, who has 4 children, and recently regained custody of his daughter Kayla, who was previously in foster care. Robbie was referred to the program for Kayla by the school, and Robbie participated in all of the weekly parent activities/meetings on Friday’s, along with Kayla. The provider noticed positive results with Kayla’s participation in the Kinder Camp Program, especially around helping her with social anxiety and gaining confidence: *“In the beginning she was very withdrawn and shy to join play or participate in group time. She also could only count to 3 or 4 consistently. Now she can consistently count to 5 and is confident to count to 18 in front of the whole group with teacher assistance. She has made friendships and overall seems more happy.”* Kayla’s father was also pleased from the program: *“I’m glad that my daughter is engaging in activities, participating. Kayla has shown much interest in meeting and enjoying friends, reading and projects Kayla enjoys. First 5 program is a great program. Thank you!”*



Kayla, 2019 SJUSD Kinder Camp

## HELP ME GROW

The Sacramento County affiliate of Help Me Grow California was established through funding by First 5 Sacramento to increase access to services for children ages 0 to 5 who are at-risk for developmental delays and/or disabilities. Help Me Grow operates through a multi-method approach, with Centralized Access Points including a call center that receives and provides referrals, as well as through targeted on-site support provided by Family Advocates. The program targets at-risk children and families in underserved areas, and includes education, outreach and training, screening and referral services, and family support. Family Advocates conduct home visits to provide developmental and health screenings for children, along with resources and referrals. The following table describes the range of services conducted.

**Figure 45. RBA Dashboard: School Readiness: Help Me Grow**

<b>How much did we do?</b>	<b>Health Care Provider Outreach</b>	
	# of health care providers provided with outreach and materials	403
	# of health care providers provided with training and technical assistance	51
	<b>Community Outreach</b>	
	# of community events attended to provide outreach and materials	7
	# of community members provided with training and technical assistance	344
	<b>Call Center</b>	
	# of incoming calls to HMG, by referral source	862
	Health Care Providers	28
	Private Child Care Providers	19
	School District	18
	FRCs	15
	PBM+ Providers	4
	Advertisement	3
	Website	2
	Unknown or no referral	773
	<b>Family Advocate Intakes</b>	
	# of child intakes processed by HMG Family Advocates	235 <sup>20</sup>
	# (%) of children whose families received outgoing referrals during the initial call to HMG ( <i>have a Referral Log</i> )	120 (51%)
	<b>Family Advocate Services</b>	
	# of Families with a Family Advocate (at least one home visit)	192
	# of Families who worked with Family Advocate to create an Action Plan	148 (77%)
	# (%) of children receiving Family Advocate services who received referrals	62 (97%)
	# of home visits conducted	414
	<b>Screenings</b>	
	# of children who received ASQ-3 developmental screenings	408
	# (%) of children with developmental concern (flagged) in at least one area	213 (52%)

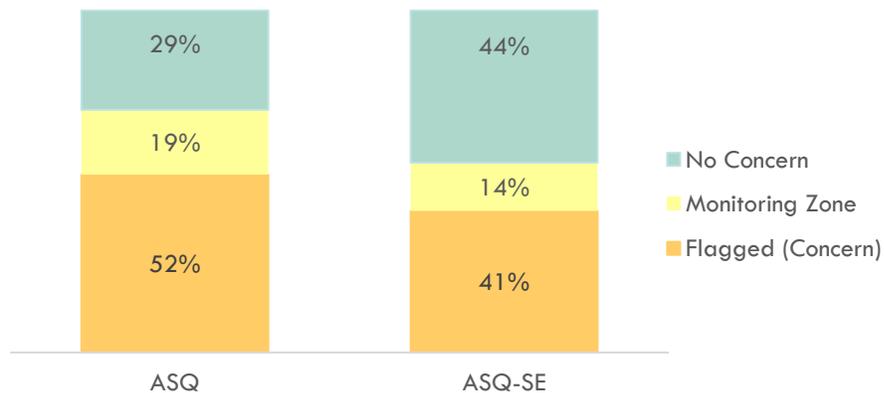
<sup>20</sup> Note: Help Me Grow reported there were 425 intakes, but only 235 were entered into Persimmony. This issue has been resolved for the FY 2019-20 fiscal year.

	# (%) of children in monitoring zone (near cut-off) in at least one area	76 (19%)
	# (%) of children with no developmental concern in any categories	119 (29%)
	# of children who received ASQ-SE developmental screenings	278
	# (%) of children with developmental concern (flagged) in at least one area	115 (41%)
	# (%) of children in monitoring zone (near cut-off) in at least one area	40 (14%)
	# (%) of children with no developmental concern in any categories	123 (44%)
	# of children with a vision screening	26
	# of children with a hearing screening	20
<b>How well did we do it?</b>	Call Center, HMG Intakes, Family Advocate Services	
	#/% of Call Center clients who received sufficient support and/or education through initial HMG call and did not require further referrals	627 (73%)
	# (%) of HMG Intake clients whose parents received sufficient support and/or education through initial HMG contact and did not require further referrals	9 (4%)
	# (%) of HMG Intake clients whose parents could be contacted at follow-up	74 (31%)
	#/% of Family Advocate clients successfully connected to services	192 (100%)
<b>Better off?</b>	Pending	

Source: Persimmony Help Me Grow Quarterly Performance Measures, FY 2018-19. Persimmony client assessment by answer value. Note: Indicators reflecting the Better Off category were designed, but data was not collected due to constraints during the first year of documentation, which have now been resolved.

Help Me Grow Sacramento provided 408 ASQ and 278 ASQ-SE developmental screenings. Family Advocates provided 192 families with home visits, and based on available data, 97% of children received referrals.<sup>21</sup> The following figure depicts the ASQ and ASQ-SE screening results. Of the 408 children screened for developmental delays, half of all children screened for the ASQ were flagged with developmental delays, and two-fifths of all children screened for the ASQ-SE were flagged with developmental delays.

**Figure 46. Percent of Children Screened for ASQ/ ASQ-SE, by Cut-Off**



Source: Persimmony Help Me Grow Quarterly Performance Measures. Persimmony client assessment by answer value. Note: ASQ concern is measured by being above cut-off value, whereas ASQ-SE is measured by being below cut-off value.

<sup>21</sup> 97% of 62 children whose families received Family Advocate services and for whom there was a referral log.

In terms of program quality, the HMG model requires that programs conduct follow ups with individuals to understand whether they were able to access the referrals provided and if there were any additional needs. For First 5 Sacramento's Help Me Grow, nearly two-thirds (62%) of all children screened had parents contacted at follow-up.

## Summary

- **Nine school districts prepared 4,796 of Sacramento's most vulnerable children and 4,083 of their parents/caregivers to be ready for school.** The nine districts provided a range of services at 46 sites to promote school readiness among children aged 0-5 and their families, with programs such as preschool, developmental playgroups, summer kindergarten transition camps and transition activities, health and developmental screenings and referrals, family literacy, parent education, engagement and support. This year, two school districts served 97 children in 59 preschool slots, and six school districts served 378 children in kindergarten transition summer camps.
  - **Transition Summer Camp students showed improvement across all three kindergarten readiness skill areas,** with 59% of students improving in kindergarten academics, 44% improving in self-regulation, and 24% improving in social expression.
  - **School districts conducted 11,956<sup>22</sup> screenings for 3,969<sup>23</sup> children** to identify potential delays or concerns related to child development, speech/language, vision, and/or hearing. As a result, 14% of children screened were provided referrals for speech/language, followed by vision (9%), developmental needs (2%), and hearing (1%).
- **Help Me Grow (HMG) had a robust inaugural year of child assessments and linkages.** HMG received 862 calls to the call line and conducted intakes on 235 children and their families. Additionally, 408 children aged 0-5 were screened through Help Me Grow for issues related to child development, speech/language, vision, and/or hearing.
  - Half of children screened on the ASQ were flagged with possible developmental delays, and almost half of children screened on the ASQ-SE were flagged with possible socio-emotional delays. Parents of these children were guided through full developmental assessments and connections to needed services.

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<sup>22</sup> Duplicated numbers of overall screens

<sup>23</sup> Unduplicated number of children, across all screens

# Result 8: INCREASE FAMILY CONNECTIONS TO COMMUNITY RESOURCES

## Countywide Trends

Social connectedness and concrete support in times of need are two of the five protective factors of the Strengthening Families approach, used in more than 30 states, because it has been shown to improve family stability, parental stress and parent-child relationships. No countywide data are available for this result area.

## Impact of First 5 Sacramento

There are two programs specifically intended to link families to resources and increase community connectedness. It is important to note however, that all First 5 programs refer and link families to services. This section describes the services and outcomes for 2-1-1 and the Community Connections Grants (CCG) program.

### 2-1-1

2-1-1 is a telephone line and website that families with children ages 0-5 can use to get information about available services in the county. 2-1-1 helped a total of 6,452 callers who were parents or caregivers of children ages 0-5.<sup>24</sup> 2-1-1 provided referrals to callers seeking information on Family Resource Centers (9%), followed by mother and infant care/pediatrics (3.3%), breastfeeding or nutrition support (CalFresh/WIC and Formula/Baby food, 1.7%), and child care providers (1.3%).

**Figure 47. RBA Dashboard — 2-1-1**

<b>How much did we do?</b>	Number of parents with children 0-5 who called 2-1-1	<b>7,498</b>
	# (%) of parents with children aged 0-5 who received information & referrals	<b>6,452</b>
	Family Resource Centers	<b>685 (9%)</b>
	Mother and infant care/Pediatrics	<b>270 (3.3%)</b>
	CalFresh/WIC	<b>138 (1.7%)</b>
	Child care providers	<b>108 (1.3%)</b>
	Child care expense assistance	<b>96 (1.2%)</b>
	Formula/Baby food	<b>92 (1.1%)</b>
	Early Childhood Education	<b>75 (&lt;1%)</b>
	Health care (insurance, medical home)	<b>61 (&lt;1%)</b>
	Hospitals/Clinics	<b>57 (&lt;1%)</b>
	Dental, eye, speech, and hearing referrals and care	<b>45 (&lt;1%)</b>
	Immunization	<b>34 (&lt;1%)</b>

<sup>24</sup> It is important to note that because individual-level data about callers are not collected, it can be assumed that this is a duplicated number.

	Reproductive services /Family planning	N/A
<b>How well did we do it?</b>	% of calls that were successfully reached with a follow up call (Target: 2%)	<b>8%</b>
	% of callers reached who felt that information provided was accurate	<b>100%</b>
	% of callers reached who would recommend 2-1-1- to family/friends	<b>100%</b>
<b>Is anybody better off?</b>	% of callers reached who reported they were able to access referred services	<b>58%</b>

Source: FY 2018-19 2-1-1 Aggregate Report in Persimmony; How well measures: Quarterly Reports submitted to First 5 from 2-1-1.

In order to evaluate quality assurance, 2-1-1 maintains a policy of making follow-up calls to at least 2% of callers. However, the program exceeded that target and made call-backs to 8% of callers to determine if they were able to access the referred services. Among those reached, 58% reported they were able to access the needed services, but 42% had not yet accessed the referred service. The primary reasons were that they had not tried to contact the agency, and/or the programs had waiting lists.

## COMMUNITY CONNECTIONS GRANTS

The Community Connections Grants were small grants of up to \$5,000 given to community members who facilitate a group with other parents/families in their community. The first set of groups for this program began in January 2016 (2015-16). The last set of groups in this fiscal year began meeting in July 2018 and continued to meet through September 2019. Target population, location, and themes were unique to each group. For example, this year, there were groups focused on reading, groups for Black mothers, Afghan mothers, and Muslim mothers, among others. A total of 872 families attended 17 groups.

## ATTENDANCE

The number of families with at least one child aged 0-5 who attended at least one session of a group ranged from 1 to 46 sessions, with a mean of 14% of sessions completed out of those offered. Groups met an average of 24 times, although it is important to note that each group varied in frequency of meetings; while some groups were held monthly, other groups were held weekly or biweekly.

**Figure 48. Community Connections Group Attendance**

Group Name	# of 0-5 Families that attended this group *	# of times the group met
<b>Round 4 Term: January-December 2018</b>		
Afghan Mom’s Support Group**	78	28
Black Mother’s Club	32	11
Del Paso Playdates**	16	4
Leer Cantar Jugar	-	-
Muslimas Sister Circle	53	4
My Child’s Keeper	28	47
Project Twinkle	-	-
R Babies R Us***	-	-
Rhythm & Grooves**	49	14
Sac Pouch Project**	175	19
Tigers on the Move	54	47
<b>Round 5 Term: July 2018-June 2019</b>		
Dancing Duo*	47	49
Desarrolloando la Imaginacion*	51	35
Hora de Cuentos*	71	40
Learn Hmong with Me	69	23
One In Heart*	32	10
Pocket Moms	117	11
<b>TOTALS:</b>	<b>872 Families</b>	<b>342 Meetings</b>

\*Extended through September 2019. \*\*Extended through March 2019. \*\*\*Terminated contract in July 2018. Groups were conducted but attendance was not reported; unreported attendance notated with a dash (-). Extension Round 6, which began in January 2019 and extends through March 2020, will be included in the next community report.

## FINDINGS FROM THE GROUP LEADERS’ CLOSURE SURVEY

According to leaders of the Community Connections Groups, the primary benefits for participants were social connections and resource/referrals to community activities. When asked to indicate the *extent to which parents in their groups made friends with each other*, nearly two-thirds of participants (61%) indicated “a lot,” while 33% indicated “somewhat.” When asked to indicate the *extent to which parents were connected with community resources*, nearly two-thirds of participants (61%) indicated “a lot,” while 33% indicated “somewhat.”

When asked about difficulties, 91% of the respondents expressed that it is “not too difficult” or “not difficult at all” to *come up with activity ideas*. However, 43% of respondents identified *getting members to come back* as “extremely difficult,” “very difficult,” or “somewhat difficult.” Nearly one-third (30%) of participants identified *purchasing and financial reporting* as “very difficult” or “somewhat difficult,” followed by *recruiting group members*, with approximately one-quarter (26%) of respondents identifying this as “very difficult” or “somewhat difficult.”

## FINDINGS FROM THE PARENT QUESTIONNAIRE

As a result of participation in their group, almost all (96%) parents indicated feeling *they are more likely to take their child to an additional First 5 program that benefits their development (such as a playgroup, library, FRC activity, preschool, etc.)*. Consistent with group leader responses, the 114 parents who completed the Parent Questionnaire indicated that the most common benefits to participation were *learning about different resources in the community for their family (81%) and making new friends (77%)*.

Similarly, parents reported feeling more confident about the following, as a result of participating in the group: *I feel more connected/bonded with my child (93%), my child is more social (88%), I have used the resources (71%), I have participated in free activities (67%), and my child has learned new skills to prepare him/her/them for kindergarten (65%)*. Additionally, 96% of parents reported that they planned to *stay in touch with other members after the group ended*. Of those parents, more than two-thirds (68%) said they *planned to continue meeting as a group*, nearly two-thirds (63%) indicated they would stay in touch by *phone and/or social media*, and half of participants (50%) *said they would have play dates*.

### Client Success Stories: Community Connections Grant

Groups who received Community Connections Grants reported many successes. The following are two success stories submitted by Group Leaders, which describe highlights from two groups: Dancing Duo and Learn Hmong With Me.

The goal of ***Dancing Duo*** was to provide dance classes that would encourage bonding between parents and children, while fostering a love of music and dance. Through outreach efforts to the Sacramento Public Library, Birth & Beyond FRCs, Valley Hi FRC, local daycares, SETA, and Facebook, they were able to establish a steady attendance of their classes throughout the entire term. Dancing Duo's success in recruiting families was demonstrated through their ability to take a group field trip to watch a dance recital, as well as to hold their own dance recital showcase, in which all of the families were able to participate. Moreover, Dancing Duo received feedback from their families that parents and children were more connected because they were practicing dance together at home. Furthermore, parents were more connected to their community as a result of group participation; while 100% of the parent surveys reported that community resources had been provided to the families, both group leaders also reported that they *"strongly agreed"* that parents were connected to resources in the community. Dancing Duo was approved for an extension through 2019, and they plan to continue meeting in the free studio space they receive from Elite Studio of Dance.

The goal of the second group, ***Learn Hmong With Me (LHWM)***, was for parents and children to gain greater confidence and appreciation for the Hmong language and culture, while increasing socialization, speech, and bilingual/bicultural skills in Hmong and English, to create connections of support systems through new friends and community resources.

Learn Hmong With Me received tremendous community support in response to their outreach efforts. Through online and flyer distribution to the Elk Grove Unified School District (EGUSD), Sacramento Public Library, Valley Hi FRC, SETA, and Facebook, LHWM developed a thriving Facebook group, which is still active and receives a great amount of engagement from LHWM group members. The Sacramento Public Library provided meeting spaces for LHWM at the Elk Grove, Southgate, Martin Luther King, Jr., and Colonial

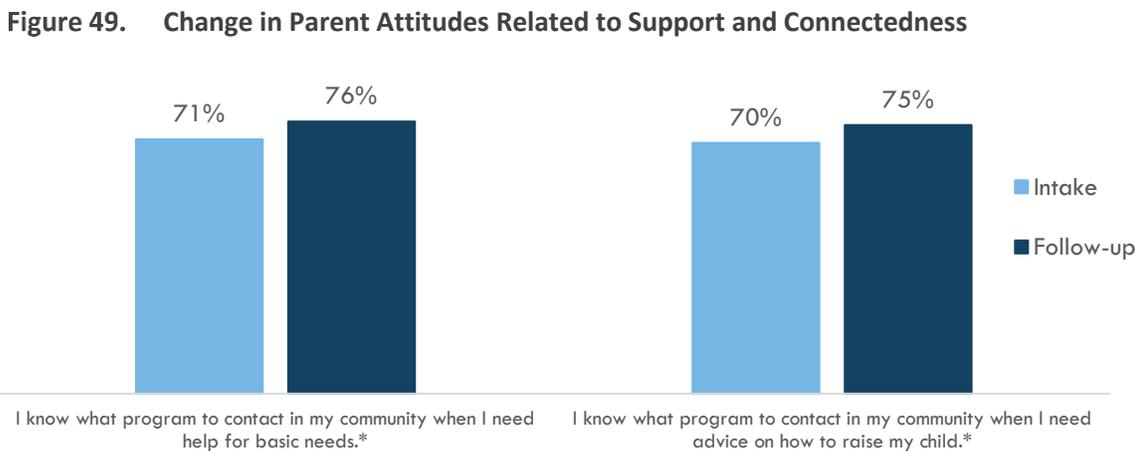
Heights branches. Most impactfully, LHWM developed partnerships with restaurants so that they could hold fundraisers to network with public school teachers in order to gain access to current standards and curricula for Hmong instruction. The group also formed additional partnerships to create LHWM t-shirts.

In terms of program opportunities, LHWM was involved in hosting many community events, such as regular story times and language lessons, along with other activities, including sensory play. LHWM introduced and reviewed new sets of vocabulary twice a month, which was separated into engaging subjects, such as emotions, numbers, and nature. In addition, LHWM hosted several special events, including a Hmong New Year’s field trip, a Holiday Party, and End of Year Celebration. Group leaders felt that they succeeded in “bringing families together to build a community around learning Hmong” and felt they were able to “fill a much needed service for [their] community.”

LHWM is currently sustained by a renewed contract with First Sacramento, although due to their successes, LHWM group leaders are exploring the potential of establishing nonprofit status once their term is up in June 2020. The community partnerships that they have gained over the year will greatly help them in sustaining community resources until the group leaders are able to establish nonprofit status.

### FINDINGS ACROSS MULTIPLE FIRST 5 PROGRAMS

Across First 5 Sacramento programs, partner agencies are encouraged to provide enhanced referrals for families to meet basic needs and support child-rearing. Among the 953 parents with both intake and follow up data, there was a statistically significant increase in the percentage of parents who knew which resources to contact for help with *basic needs* and for *advice on child-rearing*. Most respondents participated in School Readiness programs through the nine school districts and some participated in WIC or Birth & Beyond. The figure below shows the percentage of respondents who agreed or strongly agreed with each statement.



Source: Family Information Forms completed in FY 2018-19. n=953 individuals with both intake and follow-up data.

## Summary

- Sacramento County's 2-1-1 helped connect 7,498 parents with a child aged 0 to 5 to critical community resources.** 2-1-1 provided referrals to callers seeking information on Family Resource Centers (9%), followed by mother and infant care/pediatrics (3.3%), breastfeeding or nutrition support (CalFresh/WIC and Formula/Baby food, 1.7%), and child care providers (1.3%). In follow-up calls made to clients, a high level of customer satisfaction was found; nearly all respondents reported that the information provided was accurate and that they would recommend 2-1-1 to family and friends.
- Community Connections Groups (CCG) created enduring social bonds and service connections to over 872 families in 14 groups throughout Sacramento communities.** Participating families attended a total of 342 meetings. The central benefits of group participation identified by group leaders and participants were *creating connections to other families and local community resources*, sentiments shared in previous years. 96% of parents reported that they planned to *stay in touch with other members after the group ended*. Most notably, as a result of participation in their group, 96% of parents indicated feeling *they are more likely to take their child to another program that benefits their development (such as a playgroup, library, FRC activity, pre-school, etc.)*.
- Across multiple First 5 programs, parents' knowledge of social support and community resources is strong.** Among the 953 parents with both intake and follow up data, there was a statistically significant increase in the percentage of parents who knew which resources to contact for help with *basic needs* and for *advice on child-rearing*.

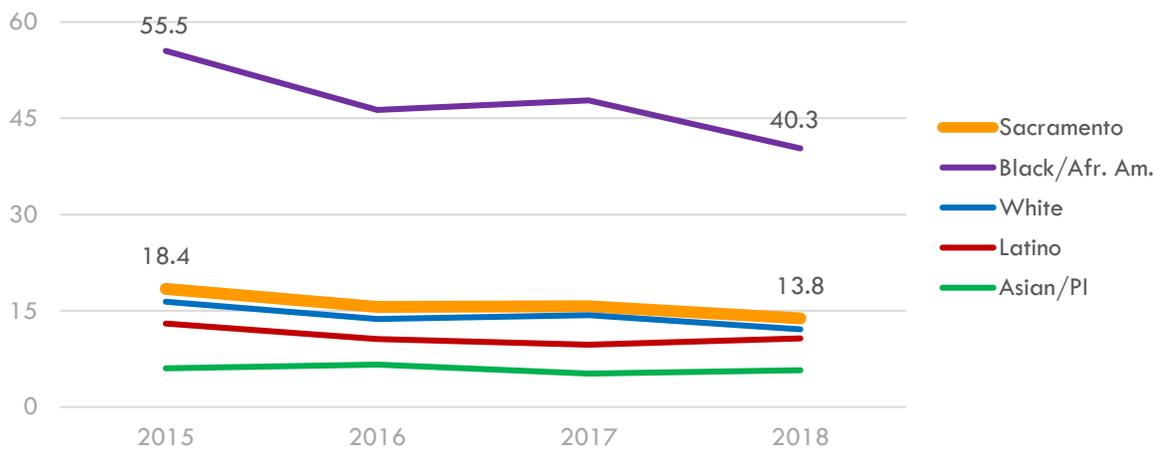


# Result 9: INCREASE USE OF EFFECTIVE PARENTING

## Countywide Trends

Parenting styles are one of the most powerful predictors of child outcomes; warm and nurturing interactions help buffer children from the effects of chronic stress. The Center for the Study of Social Policy identifies 5 protective factors that improve family outcomes: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. The figure below displays that the rate of substantiated maltreatment per 1,000 children aged 0-5 has decreased by 14.7%, from 18.4 cases in 2015 to 13.8 cases in 2018. While the rate for subpopulations has also decreased since 2015, in 2018, the rate of substantiated maltreatment among African American children was 40.3 per 1,000, three times as high as the overall county rate and 7 times higher than Asian/Pacific Islander children.

**Figure 50. Substantiated Allegations of Child Abuse per 1,000 Children Aged 0-5, by Race/Ethnicity**



Source: California Child Welfare Indicators Project. Note: Number of child abuse allegations in Sacramento 2018 — 1,627 (Sac); 31,388 (CA); 445 (Afr. Am); 509 (White); 374 Hispanic/Latino); 86 (Asian/PI).

## Impact of First 5 Sacramento

First 5 began funding the Birth & Beyond Family Resource Centers (FRCs) in FY 2002-03 to promote effective parenting, with the long-term goal of helping to strengthen protective factors, build family resilience and prevent or reduce child maltreatment. Birth & Beyond FRCs provided family support services to pregnant women children aged 0-5, and their families/caregivers. Specific services included enhanced core services, parent education classes, home visitation, CalWORKs home visitation, and crisis intervention. In the current reporting period, a total of 1,300 children and 3,900 parents/caregivers received one or more Birth & Beyond services, as seen in the table below.

**Figure 51. RBA Dashboard – Birth & Beyond: Overall**

<b>How much did we do?</b>	# of parents served across the initiative	3,900
	# of families served across the initiative	3,829
	# of children indirectly served across all services	3,830
	# of children directly served across the initiative	1,300
	<b>Enhanced Referrals</b>	
	Health (insurance, medical home, well-child visits)	4,269
	Help Me Grow	184
	Crisis Nursery	1,508

Source: Persimmony report By Client Demographic for Birth & Beyond, FY 2018-19.

**ENHANCED CORE SERVICES**

Activities in the Enhanced Core service categories included substance abuse groups, child development activities, peer support groups, life skills classes, and stress reducing activities. Enhanced Core Services provided 6,641 services to 928 families and 476 children. In terms of service impact, approximately one-third of clients (35%) engaged in other FRC services, with 20% receiving Home Visitation, 11% receiving Parent Education classes, and 4% receiving Crisis Intervention Services. The table below represents the RBA dashboard for B&B’s Enhanced Core component.

**Figure 52. RBA Dashboard — Birth & Beyond: FRC Enhanced Core**

<b>How much did we do?</b>	Total # of unduplicated families served by Enhanced Core	928
	Total # of duplicated Enhanced Core Services	6,641
	# of duplicated Play Care Services provided <sup>25</sup>	2,707
	# of times non-EPI Enhanced Core Services provided <sup>26</sup>	
	Car Seat Safety (workshop)	931
<b>How well did we do it?</b>	Level of Service	
	Average # of hours of participation	7.66
<b>Is anyone better off?</b>	Engagement in other FRC Services	
	% receiving Home Visitation	20%
	% receiving Parent Education classes	11%
	% receiving Crisis Intervention	4%

Source: FY 2018-19 Quarterly Performance Measures Report and Persimmony Client Services and Assessments Export.

<sup>25</sup> Includes children whose parents were attending Parent Education workshops and/or participating in enhanced core services.

<sup>26</sup> EPI: Effective Parenting Intervention. Non-EPI classes/workshops are often one-time or only a few sessions and do not follow a prescribed evidence-based curricula. (This is in contrast to EPI interventions such as Nurturing Parenting Program and Make Parenting a Pleasure.)

## PARENT EDUCATION

Parent education classes are group-based classes conducted at Family Resource Centers. To support parent attendance, transportation services were provided, as well as Play Care (i.e., child care) services during class time. In 2018-19, 716 parents attended 29 parenting workshops, while 626 children attended Play Care. Program hours per workshop ranged from 18-32 hours per workshop series. The two workshops with the highest completion rate (at least 80% of classes) were the Nurturing Parenting Program Fathers (87%) and Nurturing Parenting Program Prenatal (72%). Across both the Making Parenting a Pleasure and Nurturing Parenting Program, there was a significant increase in parenting knowledge and skills among participants.

**Figure 53. RBA Dashboard — Birth & Beyond: Parent Education**

<b>How much did we do?</b>	# of workshops provided	29	
	# of unduplicated parents who attended parenting workshops		
	Making Parenting a Pleasure	350	
	# of total program hours	26	
	Nurturing Parenting Program	366	
	Prenatal: # of total program hours	18	
	Infant & Toddler: # of total program hours	32	
	Fathers: # of total program hours	26	
	# of other services		
<b>How well did we do it?</b>	# of duplicated Play Care Services provided <sup>27</sup>	3,703	
	% who completed at least 80% of classes		
	Nurturing Parenting Program Fathers	87%	
	Nurturing Parenting Program Prenatal	72%	
	Making Parenting a Pleasure	45%	
<b>Is anyone better off?</b>	Increased level of parenting knowledge and skills	Pre	Post
	Making Parenting a Pleasure <sup>28</sup>	5.82	6.55*
	Nurturing Parenting Program <sup>29</sup>	5.50	6.20*

Source: FY 2018-19 Quarterly Performance Measures report in Persimmony. \* Indicates statistically significant difference at p < .05

<sup>27</sup> Includes children whose parents were attending Parent Education workshops and/or participating in Enhanced Core services.

<sup>28</sup> Includes 84 matched-sets

<sup>29</sup> Includes 554 matched-sets

## HOME VISITATION

The Nurturing Parenting Program (NPP) is a home visitation service provided at least weekly, with a minimum of two months of visitation services. Participants are screened using the Adult Adolescent Parenting Inventory (AAPPI), a tool that measures risk for child maltreatment. It includes five domains: Expectations of Children, Parental Empathy Towards Children’s Needs, Use of Corporal Punishment, Parent-Child Role, and Children’s Power; and each item is scored on a scale of 1 (high risk) to 10 (low risk). Based on their baseline AAPPI results, clients are assigned to three different tiers of service: Prevention (16 lessons), Intervention (24 lessons), or Treatment (55 lessons). Joint visits are conducted with Child Protective Services (CPS) staff, school readiness liaisons, and/or health educators as needed.

In 2018-19, the Nurturing Parenting Program served 1,191 families, 12% (242) of whom were referred by CPS. Strong outcomes in increased social connections and knowledge of community resources were observed, as were positive changes in parenting attitudes and contacts with CPS. However, while half of Prevention clients completed their lessons, less than one-third of Intervention clients completed their lessons (29%), and no Treatments clients completed their lessons.

**Figure 54. RBA Dashboard — Birth & Beyond: Home Visitation Services**

<b>How much did we do?</b>	# of unduplicated families who received home visits through NPP	<b>1,191</b>		
	# of unduplicated families who developed a Family Nurturing Plan <sup>30</sup>	<b>415</b>		
	# (%) referred by CPS	<b>242 (12%)</b>		
	<b>Level of NPP Program Assignment</b>			
	% assigned to Prevention (low risk; n = 73)	<b>44%</b>		
	% assigned to Intervention (moderate risk; n = 73)	<b>44%</b>		
	% assigned to Treatment (high risk; n = 20)	<b>12%</b>		
	<b># of unduplicated families who received joint visits with:</b>			
	CPS	<b>23</b>		
Health Liaison	<b>223</b>			
<b>How well did we do it?</b>	<b>Lessons completed at case closure</b>			
	% of Prevention clients completing at least 16 lessons (n = 37)	<b>51%</b>		
	% of Intervention clients completing at least 24 lessons (n = 21)	<b>29%</b>		
	% of Treatment clients completing at least 55 lessons (n = 0)	<b>0%</b>		
<b>Is anyone better off?</b>	<b>% of parents who are connected and supported (Percent who agree or strongly agree; pre n = 225, post n = 113)<sup>31</sup></b>		<b>Pre</b>	<b>Post</b>
	I am confident in my ability to help my child grow and develop.	<b>83%</b>	<b>83%</b>	
	I know what to expect at each stage of my child’s development.	<b>60%</b>	<b>70%*</b>	
	I know what program to contact in my community when I need help for basic needs (e.g. housing, food, employment).	<b>58%</b>	<b>76%*</b>	
	I know what program to contact in my community when I need advice on how to raise my child.	<b>60%</b>	<b>83%*</b>	

<sup>30</sup> It is important to note that since families could have begun NPP lessons in the previous fiscal year, this number does not represent all families who had a Family Nurturing Plan.

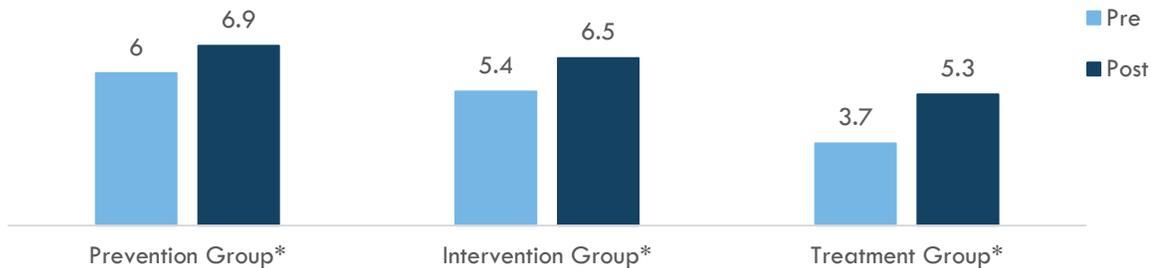
<sup>31</sup> These data were not matched sets, due to low number of matched sets (n = 7).

Improved parenting (Adult Adolescent Parenting Inventory) <sup>32</sup>		Pre	Post
Prevention Group (Low risk; n= 41)		6.0	6.9*
Intervention Group (Moderate risk; n= 97)		5.4	6.5*
Treatment Group (High risk; n= 20)		3.7	5.3*
Substantiated maltreatment 12 months after first home visit, aged 0-5, by subpopulation <sup>33</sup>			
Children with no prior CPS contact (n = 842)		<1%	
Children with any prior CPS contact (n = 805)		8%	
Children with a substantiated baseline referral (n = 91)		20%	
All groups (n = 1,647)		4.4%	

Source: FY 2018-19 Quarterly Performance Measures report in Persimmony, and Family Information Form.  
 \* indicates statistically significant change at  $p < .05$ .

As mentioned above, each home visitation client receives a baseline assessment on the Adult-Adolescent Parenting Inventory (AAPI), which helps determine the level of service they are best suited for. A follow up AAPI assessment is conducted to determine if parents have experienced the desired knowledge and attitudinal shifts. The figure below presents the improvements in Adult-Adolescent Parenting Inventory (AAPI) scores from pre-to post-assessment in each intervention group, indicating families had reduced risk for child maltreatment.

**Figure 55. Changes in AAPI Scores for Birth & Beyond Home Visitation Clients**



Source: FY 2018-19 AAPI export in Persimmony., n=41 for Prevention group, n=97 for Intervention group, n= 20 for Treatment group.  
 \*indicates statistically significant change at  $p < .05$ .

## ANALYSIS OF CPS OUTCOMES

In partnership with Department of Children, Families and Adult Services (DCFAS), Birth & Beyond measures substantiated allegations of maltreatment among participants in Birth & Beyond’s Home Visitation program. The study sample included any family with an intake between March 1, 2018 to March 1, 2019. Earlier intakes within this period had a 12 month observation window and the later intakes up until March 2019 had a 6 month observation before CPS outcome data were pulled in September 2019. Secondly, all analyses are at the child level and not the level of the family or parent (i.e., the parent may have faced an

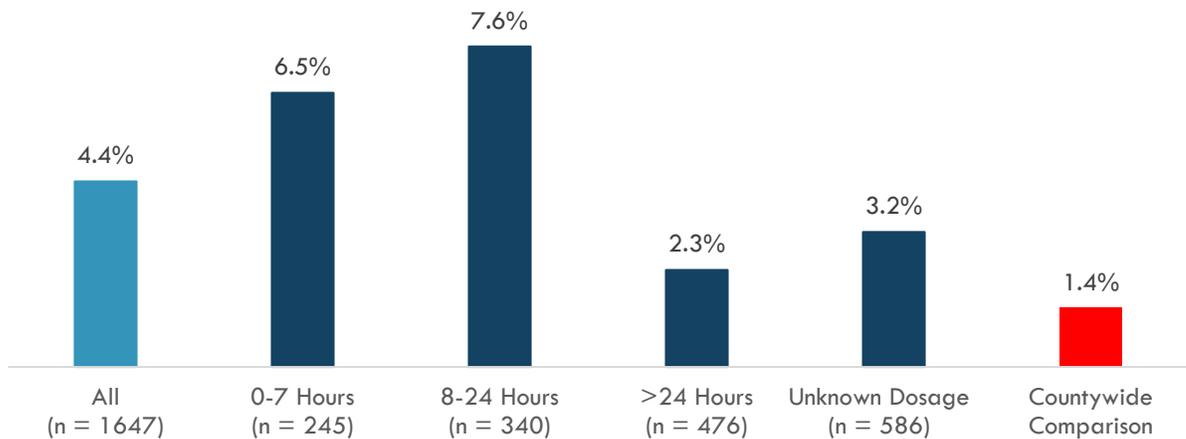
<sup>32</sup> Among those who had both pre- and post-data.

<sup>33</sup> These data were provided by CAPC and include families who were served between Sept 2018 and Aug 2019.

allegation regarding one child but not another in their family), allowing for comparisons to countywide rates of child maltreatment which are measured at the child level.

The charts below display differences in substantiated CPS allegations among children aged 0-5 according to the number of home visitation hours their parents received. The first chart displays substantiated allegations within 12 months of intake for all subgroups in the study population, irrespective of prior CPS involvement. Across all children served, the rate of substantiated maltreatment was 4.4%, but dropped to 2.3% among those with 24 hours or more of service. The percentage of children aged 0-5 countywide who experience a substantiated allegation is 1.4%. However, it is remarkable that this population achieved rates that are comparable to the countywide average, considering that maltreatment is much more prevalent among the Birth & Beyond population (49% of the children aged 0-5 in this sample had prior involvement, compared to 6% of Sacramento County 0-5 population with allegation). It is also important to note that Birth & Beyond seems to have a critical role to play in primary prevention for families; among the 842 children without prior CPS involvement, only 5 were the victim of a substantiated allegation in the year following their first home visit.

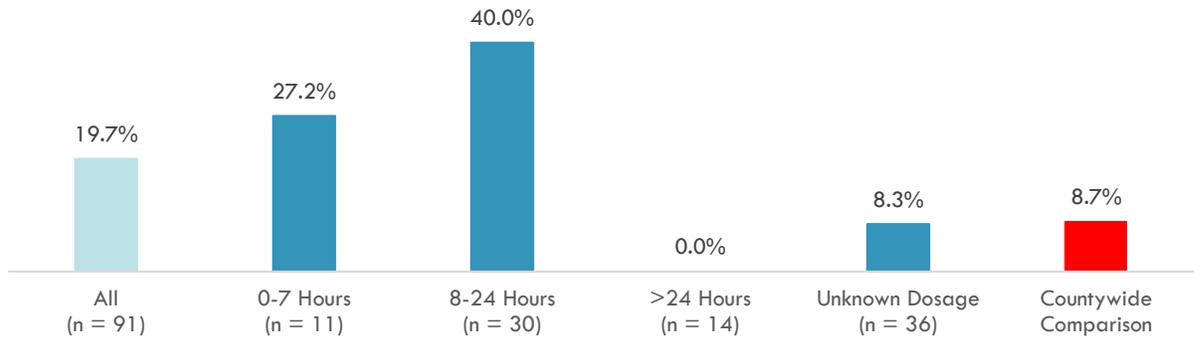
**Figure 56. Substantiated Maltreatment within 12 Months of Intake, all Subgroups, Children 0-5**



Sources: 1. Department of Children, Family and Adult Services, CPS Export October 2019; 2. First 5 Sacramento Persimmony; 3. California Child Welfare Indicators Project (CCWIP), [http://cssr.berkeley.edu/ucb\\_childwelfare/S2.aspx?r=1](http://cssr.berkeley.edu/ucb_childwelfare/S2.aspx?r=1), Jan 2018 – Dec 2018. Note: Results from the 16-24 dosage bracket were largely affected by two families, each with 4 children, who reoffended within the 12 months following their first intake to home visitation. Due to the small sample size, this accounts for the large spike at 16-24 hours of dosage. Data have therefore been combined to create a service bracket of 8-24 hours.

The second chart displays recurrence outcomes for Birth & Beyond children who had a prior substantiated allegation with CPS. Overall, across all service dosage levels, 19.7% of children with a previous substantiated allegation who participated in Birth & Beyond home visitation experienced a substantiated allegation of child abuse within 12 months of intake; the rate of recurrence across the county was 8.7%. However, among those higher levels of service (24 hours or more), the rate of recurrence (0%) is substantially lower than the countywide rate. These results provide strong evidence for extended participation in the home visiting program and the challenge of keeping high-risk families in the program.

**Figure 57. Substantiated Recurrence of Maltreatment within 12 Months of Intake, Children 0-5 with a Substantiated Baseline Referral** <sup>34</sup>



Source: Department of Children, Family and Adult Services, CPS Export October 2019; First 5 Sacramento Persimmony; California Child Welfare Indicators Project (CCWIP). [http://cssr.berkeley.edu/ucb\\_childwelfare/S2.aspx?r=1](http://cssr.berkeley.edu/ucb_childwelfare/S2.aspx?r=1). Oct 2017-Sept 2018. Note: Local data includes those with “Substantiated Baseline Disposition.”

## HOME VISITATION FUNDED BY CALWORKS

As part of continuing efforts to ensure program sustainability, in Spring 2019, Birth & Beyond was awarded a multi-year grant from the California Department of Social Services to provide home visitation services to families receiving CalWORKs. First 5 Sacramento provides administrative and evaluation support for the grant. Birth & Beyond receives referrals from the Sacramento County Department of Children, Families and Adults and uses the evidence-based home visitation model known as Healthy Families America (HFA). Enrollment in HFA is restricted to mothers who are pregnant or have an infant up to three months of age. By using the HFA model, Birth & Beyond hopes to identify and address family and child hardships to reduce stress in the home, nurture positive parent-child interactions and improve family stability. This program began in April 2019 and the following data represents three months of service (April – June 2019).

In its first partial year of implementation, the Healthy Families America home visitation program helped 24 adults and 32 children through 174 home visitations and 9 developmental screenings conducted. The most common service referrals were for mental health (10), housing support (5), and work readiness (5), aside from “other services” (13).

<sup>34</sup> Results from the 8-24 dosage bracket were largely affected by two families, each with 4 children, who reoffended in the 12 months following home visitation. Due to the small sample size, this accounts for the large spike at 8-24 hours of dosage. Because of the small sample size all results should be interpreted cautiously.

**Figure 58. RBA Dashboard — Birth & Beyond: CalWORKs Home Visitation (Apr-June 2019)** <sup>35</sup>

<b>How much did we do?</b>	<b>Numbers served by Healthy Families America</b>	
	Adults	24
	Children	32
	<b>Referrals to Program</b>	
	From Department of Human Assistance	6
	From B&B	25
	Other	57
	No Answer	9
	<b>Recruitment by B&amp;B</b>	
	Offered by HVP services	97
	Received HVP services	56
	Declined HVP services	32
	Pending	9
	<b>Core Services</b>	
	Home visits completed	174
	Number of developmental screenings and assessments conducted	9
	<b>Referrals given</b>	
	Developmental screening	1
	Prenatal care	2
	Infant and toddler health care	1
	Infant and child nutrition services	3
	Early learning settings or parent/child interaction activity	3
	Work readiness services	5
	Academic or instructional services	3
	Intimate partner violence services	4
	Substance abuse services	1
	Mental health services	10
Housing support	5	
Immigration legal services	2	
English as second language services	0	
Other services	13	
<b>How well did we do it?</b>	<b>Services received after referral</b>	
	Developmental screening	1
	Prenatal care	1
	Infant and toddler health care	0
	Infant and child nutrition services	1
	Early learning settings or parent/child interaction activity	3
	Work readiness services	1
	Academic or instructional services	0
	Intimate partner violence services	0
	Substance abuse services	1
	Mental health services	1
	Housing support	3
	Immigration legal services	2
	English as second language services	0

<sup>35</sup> The CalWORKs program operated from April-June 2019, so these data do not represent an entire year of service.

	Other services	13
<b>Is anyone better off?</b>	Outcomes <i>TBD</i>	

Source: Assessment by Answer Value report in Persimmony.

### CRISIS INTERVENTION SERVICES

Crisis Intervention Services (CIS) are brief, targeted services for Birth & Beyond clients who are experiencing a pressing concerns or issue. The CIS team conducts an intake with a brief assessment tool based upon the Family Development Matrix (FDM) outcomes model and provides case management and referrals to Family Resource Centers and the Crisis Nursery, as appropriate.

In 2018-19, Crisis Intervention Services served 1,671 families and provided 1,357 families with at least one referral or linkage. Pre and post tests of Crisis Intervention Services clients indicated increased parental knowledge about where to get help and information, perceived level of support they have among their family, friends, in their community, as well as decreased stress.

**Figure 59. RBA Dashboard — Birth & Beyond: Crisis Intervention Services**

<b>How much did we do?</b>	# of unduplicated families with Intervention Service Record (ISR)	1,671	
	# of unduplicated CIS families with pre-assessment	911	
	# of unduplicated CIS families with post-assessment	753	
<b>How well did we do it?</b>	# of unduplicated CIS families with a referral/linkage	1,357	
	# of unduplicated CIS families with a Crisis Intervention Case Management Plan	221	
<b>Is anyone better off?</b>	<b>Changes in Stress and Support</b>	<b>Pre</b>	<b>Post</b>
	Level of stress	3.6	2.1*
	Parental stress level affected their care of child	2.6	1.7*
	Level of support from friends/family/community	2.6	3.4*
	Level of knowledge about places to get help and information	2.6	3.5*
	# of unduplicated families who also participated in other FRC Services (of those with a CISR)		
	Play Care	6	
	Enhanced Core	268	
	Home Visit	502	
	Parent Education	202	

Source: FY 2018-19 Quarterly Performance Measures report in Persimmony. Crisis Intervention Services Pre/Post test. \*indicates statistically significant change at  $p < .05$ . Changes in Stress and Support: source – Family Development Matrix. Outcomes rated on a scale of 1 to 5: 1=none, 3=some, 5= a lot;. n= 805 matched sets.

## Summary

- **Birth & Beyond** directly served **1,300 children and 3,900 parents/caregivers** through one or more support services for pregnant women, children aged 0-5, and their families/caregivers, including enhanced core services, parent education classes, home visitation, and crisis intervention when needed. CalWORKs funding was secured to provide additional home visiting services.
- The gateway to FRC services is through “light touch” referral or informational services referred to as **Enhanced Core** services. Family Resource Centers offered 6,641 services to 928 families (and 476 children), who participated in short education classes related to car seat safety, child development, and life skills.
- The FRCs offered evidence-based **Parent Education** classes such as the Nurturing Parenting Program (NPP) and Making Parenting a Pleasure (MPAP) to 964 parents. In addition, 2,707 Play Care services were provided to children to their parents could attend the classes.
- The FRCs also provided **Home Visitation** services. Services were provided to 1,191 families, 12% (242) of whom were referred by CPS. Furthermore, parents at all three tiers of service (prevention, intervention, and treatment) showed statistically significant improvements in the Adolescent and Adult Parenting Inventory (AAPI), a tool that measures parents’ risk for child maltreatment. In terms of primary prevention, among children with no prior involvement in the child welfare system, only 5 children out of 842 (<1%) experienced a substantiated allegation within 12 months of intake. Overall, among children with a substantiated CPS baseline allegation, 19.7% experienced another substantiated allegation within 12 months, compared to 9.0% of children countywide. Encouragingly, among those with 24 or more service hours, the rate of recurrence is substantially lower (0%) than the countywide rate of 9.0%. The same pattern holds true for children whose baseline allegation was not substantiated. Consistent with previous studies of Birth & Beyond, these analyses showed that the more services a family had, the less likely they were to have contact with the child welfare system.
- The **CalWORKs Home Visitation program**, Healthy Families America, supports families on CalWORKs through home visitation services, with the hope of addressing additional family and child hardships to ensure that each family can meet their family stability goals. This program began in April 2019 and the following data represents three months of service (April – June 2019). Healthy Families America helped 24 adults and 32 children through 174 home visitations and 9 developmental screenings conducted. The most common service referrals made were for mental health (10), housing support (5), and work readiness (5). The referrals most likely to be followed up were early learning settings or parent/child interaction activity (3), housing support (3), and immigration legal services (2).
- **Crisis Intervention Services** served 1,671 families with significant resource needs, helping to increase their knowledge of community resources, increase their perception of social support, and reduce their stress. Pre and post tests of Crisis Intervention Services clients indicated increased parental knowledge about where to get help and information, perceived level of support they have among their family, friends, in their community, as well as decreased stress.

# Result 10: DECREASE CHILD MALTREATMENT AND DEATH

## Countywide Trends

The consequences of child abuse and neglect can be profound and may persist long after the abuse occurs. These effects can appear in childhood, adolescence, or adulthood, and may affect various aspects of an individual’s development, such as minor physical injuries, low self-esteem, attention disorders, poor peer relations, and more severe health and criminal justice outcomes. However, some children remain resilient in the face of adversity. Families at risk for maltreatment can benefit greatly from prevention and early intervention services that help mitigate the triggers of dysfunction and strengthen protective factors such as coping skills and connection to concrete supports. See trends for child abuse in Result 9.

## Impact of First 5 Sacramento

### CRISIS NURSERY

The Sacramento Crisis Nursery has two locations (in North Sacramento and South Sacramento), where parents can drop off their children for emergency child care and 24-hour overnight care. By providing respite care and crisis intervention services, Sacramento Crisis Nursery seeks to prevent childhood injuries, maltreatment and death.

Case management, referrals to community services, and assistance with medical and mental health services were provided to help families stabilize their situation. Sacramento Crisis Nursery served a total of 484 children and 337 parents/caregivers<sup>36</sup> (332 families). Of these children, 72% had overnight stays that lasted more than one night and of those, 9% had overnight stays that were five or more consecutive nights.

**Figure 60. RBA Dashboard — Crisis Nursery: Safe and Emergency Care**

How much did we do?	Child Care	
	# of unduplicated children who received emergency child care during daytime	
# of unduplicated children who received overnight stays		342
# of unduplicated families served		332
% of families who had more than two stays during the fiscal year		72%
# of unduplicated parents, by referral source		26
CPS		8
Self/friend/neighbor/family member		8
Birth and Beyond		6

<sup>36</sup> Total numbers of unduplicated children and parents/caregivers served. Source: Persimmony Quarterly Performance Reports, FY 2018-19.

	Other First 5 Contractor <sup>37</sup>	4
	# of emergency child care (ECC) stays	2,828
	# of overnight stays	2,562
	% of children that stayed more than one night	72%
	% of children whose stays were five or more consecutive nights <sup>38</sup>	9%
	<b>Other Support</b>	
	# of trips for which transportation was provided	377
	<b>Enhanced Referrals<sup>39</sup></b>	
	Dental care (insurance and/or dental home)	47
	Health care (insurance and/or dental home)	23
	Breastfeeding or nutrition support (WIC)	34
	Family Resource Center Services	58
	Help Me Grow	67
	Child care	136
	Basic Needs	112
	Other (i.e., employment, food resources, child and adult mental health services, and 2-1-1)	458
<b>How well?</b>	<b>Client Satisfaction</b>	
	% of clients who agreed that Crisis Nursery services kept children safe and secure	100%
<b>Is anyone better off?</b>	<b>Parent Support</b>	
	% of clients who report feeling better able to solve crisis situations	92%

Sources: FY 2018-19 Crisis Nursery quarterly Performance Reports in Persimmony; FY 2018-19 Crisis Nursery individual-level service data provided by Sacramento Crisis Nursery North and South.

Reasons for seeking crisis intervention services included: issues of employment (44%), parental distress (16%), and housing instability or homelessness (13%). Ninety-seven percent of parents who sought services for their children at Crisis Nursery reported reduced stress levels.

**Figure 61. RBA Dashboard — Crisis Nursery: Crisis Intervention**

	<b>Numbers Served</b>	
<b>How much did we do?</b>	# of unduplicated families with pre-assessment	325
	# of unduplicated families with post-assessment	324
	<b>Crisis Intervention Case Management Plan (CICMP)</b>	
	# (%) of families who created a CICMP	169 (52%)
	<b>Reasons for Seeking Care</b>	
	Employment	44%
	Parental Distress	16%
	Housing/Homelessness	13%

<sup>37</sup> Includes referrals by 211, referral center, and school district.

<sup>38</sup> Many of the families who had overnight stays longer than five nights were homeless. One child stayed 30 consecutive nights.

<sup>39</sup> The most common reasons parents used the Crisis Nursery were: Employment, Housing/Homelessness, Other Emergency, Medical, Parental Distress, and Mental Health.

	Medical	12%	
	Other Emergency	5%	
	Domestic Violence	5%	
	Mental Health	3%	
	Substance Use	<1%	
<b>How well?</b>	Crisis Intervention Case Management Plan (CICMP)		
	% of unduplicated families receiving at least one CICMP referral/linkage	55%	
<b>Is anyone better off?</b>	Connection to Ongoing Support		
	Clients who also participated in Family Resource Center services	92	
	Reduced Stress	Pre	Post
	Level of stress	4.6	3.0*
	Parental stress level affected their care of child	2.2	1.9*
	% parents who agreed that Crisis Nursery reduced stress level	NA	97%
	% parents who agreed they were better able to work on solving crisis situations as a result of Crisis Nursery	NA	99%

Sources: FY 2018-19 Crisis Nursery quarterly Performance Reports in Persimmony; FY 2018-19 Crisis Nursery individual-level service data provided by Sacramento Crisis Nursery North and South. \*indicates a statistically significant difference at  $p < .05$

### Client Success Story: Crisis Nursery

Staff at Crisis Nursery described how one 44-year-old single mother of one child with special needs benefited from their services. This particular mother had left another state to start a better life with her child in Sacramento and planned to stay with a family member; however, it was not a safe environment for her or her child, so she made the decision to leave the residence. Mother then lived in her vehicle with her child while looking for shelter and housing. She was referred to the Sacramento Crisis Nursery by Warmline, as well as to referrals to enroll her child in early intervention services.

Mother’s presenting needs included an immediate need for a safe place for the family to reside, as well as securing the supports needed for her child, including child development screening, speech, occupational therapy, child care, and school enrollment. Her child currently has tubes in her ears for hearing, is nonverbal, and has limited peer interaction. Additionally, the vehicle the family resided in was currently being contracted for employment, but Mother was unable to maintain employment because she did not have child care for the child during the day. Soon, the family lost the vehicle and were without a place to stay and were living on the street.

Mother and child were supported by Crisis Nursery through services, referrals, and connection to systems of care. During the child’s stay at the Sacramento Crisis Nursery, the child was able to have a safe space to sleep at night. While the child was at the nursery, Mother was able to self-register for family shelter services, get into transitional housing for the family, sign her child up for medical services, and secure a medical appointment and screening for her child’s hearing. Mother was referred to Help Me Grow for her child’s developmental ASQ screening, and it was identified that her child was not reaching developmental milestones. Mother connected with Alta Regional for the child’s developmental screening and received referrals for the child’s development, including speech services, occupational therapy services, and school meetings to meet the child’s needs. Mother was also able to make appointments with the Social Security office, child support, and DHA to maintain the financial supports for the family. Mother was also able to

attend parent support classes for the language and development of her child, when other child care services were not available.

Through Crisis Nursery's support, Mother and child were able to establish safety, security, and developmental and educational resources. As her child transitioned into the school district, Mother was able to attend Individualized Educational Plan meetings with providers and was set up with a Case Manager from the Crisis Nursery for school support. Her child is now registered for Preschool Services and will be getting speech, occupational therapy, and ABA therapy while in the school setting. Additionally, mother was able to self-register for family shelter and get into housing, so the family was no longer on the street. Mother was also able to get medical, financial, and developmental needs met while the child was cared for at the nursery. Moreover, she was also able to advocate for the child's needs with Warmline, Alta Regional, and the School District, while knowing her child had a safe place at the Crisis Nursery.

Mother learned that advocating for a special needs child can be overwhelming. She has also utilized services for parental distress for when life challenges become overwhelming. As Mother explained, *"The Crisis Nursery has provided me so much. They gave me peace of mind. A temporary child friendly atmosphere that my child could flourish in. They also provided additional resources to help me. They provided sanity and time to rejuvenate."*

## Summary

- **The Sacramento Crisis Nursery supported Sacramento's most vulnerable families by providing emergency child care to 484 children in 332 families.** The Sacramento Crisis Nursery serves the highest-risk children and families who, at the time of stay, are experiencing one or more of the following: lack of employment, housing/homelessness, medical needs, domestic violence, mental health, alcohol, or other drugs. In 2018-19 alone, there were 2,828 emergency child care stays and 2,562 overnight stays.
  - Fifty-two percent of parents completed a case management plan. The most frequent referrals were for Family Resource Centers, child care, housing, employment, food resources, child/adult mental health, and 2-1-1.
  - Pre-post tests indicated that after participation in Crisis Nursery, there was a significant reduction in parents' stress level, as well as the perception that parental stress was having adverse impacts on their children. Additionally, in post surveys, 99% of parents said they were better able to solve crisis situations as a result of Crisis Nursery's support.

# Systems Sustainability Plan Update

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**Goal of Systems Sustainability:** To sustain children’s health, development, and family empowerment outcomes, and the systems that promote them.

## Overarching Strategies

- Monitored and advocated for legislation that aligned with First 5 Sacramento’s Policy Priorities and built relationships with elected officials.
- Created a process for strengthening overall relationships with the business community through support of First 5 events, and for the first time, attracted sponsorships. Convened over 180 elected officials, business leaders, and community partners for First 5 Sacramento’s 20<sup>th</sup> Anniversary Raise Up Sacramento from Cradle to Career event.
- Created and implemented the ground-breaking Certified Sustainable Initiative to assist 24 funded partners in creating sustainability plans. Certified Sustainable partner agencies produced, combined, and leveraged funds of over \$8 million, as well as over \$1 million in operational efficiencies resulting in cost savings, by doing business sustainably.
- Utilized social media outlets as social marketing tools to increase awareness and support of First 5 messages and access to relevant resources.
- Participated on the First 5 Association Advocacy Committee, which provides policy direction for the 58 First 5 Commissions.
- Embedded core messages/capacities across all First 5 Sacramento service providers through contract language.
- Conducted inventory of local philanthropic funders, public agencies, and businesses and their funding priorities; explored other forms of collaborative partnerships.
- Identified alternative funds for strategic efforts in Oral Health, Effective Parenting, and African American Infant Death.

## Result 1 Decreased Infant Death

- Served on the Reduction of African American Child Deaths (RAACD) Steering Committee to help bring about equitable investment and systemic impact across partners.
- Promoted Sac Healthy Baby for prenatal care education and referrals.
- Promoted the Public Education Campaign to increase awareness of safe sleep practices.
- Encouraged hospitals to adopt policies that promote safe sleep.

## Result 2 Increased Breastfeeding

- Worked to ensure that the breastfeeding services and supplies provided through Medi-Cal are actually accessible to new moms.
- Assessed and advocated for federal and state legislative actions to fill gaps in services that might emerge.

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<b>Result 3</b> <b>Decreased Dental Disease</b>	<ul style="list-style-type: none"> <li>▪ Increased the coordination of public education messaging about dental disease.</li> <li>▪ Participated in the Medi-Cal Dental Advisory Committee (MCDAC) and Sacramento County’s Oral Health Strategic Plan (SCOHSP).</li> <li>▪ Secured an alternate revenue source for mobile dental services including exams, fluoride varnish, and dental insurance navigation.</li> </ul>
<b>Result 4</b> <b>Increased Utilization of Medical Homes</b>	<ul style="list-style-type: none"> <li>▪ Increased the coordination of public education messaging around the importance of a medical home, well child check-ups, and maternal mental health.</li> <li>▪ Assessed and advocated for federal and state legislative actions related to the Affordable Care Act; supported local efforts to fill gaps in services.</li> </ul>
<b>Result 5</b> <b>Increased Accessibility to Affordable Quality Child Care</b>	<ul style="list-style-type: none"> <li>▪ Identified and advocated for federal, state, and local legislation that increases access to child care.</li> <li>▪ The Blue Ribbon Commission Report highlighted First 5 as a key partner and advocate on child care.</li> <li>▪ Supported school districts to include early care and education in their Local Control Action Plans (LCAPs) and to direct funding for children aged 0-5 and their parents.</li> </ul>

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Please refer to the Systems Sustainability Plan Two-Year Report (FY2017-18 and FY2018-19), which details these achievements by targeted result area.

# Communications Strategies and Results

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Communication efforts continue to enhance and expand the brand of First 5 Sacramento in the community by highlighting programs through sustainability, policy, advocacy, partnerships, social media, and multi-media campaigns. Efforts included:

- Sustainability** – First 5 Sacramento’s 20<sup>th</sup> Anniversary *Raise Up Sacramento from Cradle to Career* event brought together more than 180 people, including elected officials, business leaders, and community partners. Highlights included acknowledgments from business and policy leaders, High 5 Awards to champions who prioritize families in the workplace, and First 5 Sacramento receiving a joint Senate and Assembly Resolution commemorating 20 years of investing in critical programs for children and families. First 5 additionally celebrated the culmination of its 18-month *Certified Sustainable Initiative* with a graduation ceremony to highlight funded agencies and the creation of 24 sustainability plans. More than 125 attendees learned about First 5’s partners’ innovative approaches to preserve funding and sustain critical services. Graduates also received certificates from the Assembly and Senate.
- Policy** - First 5 Sacramento worked with the First 5 Association and First 5 California on supporting local, state, and federal bills that aligned with First 5 Sacramento priorities on health, early care and development, empowered families, and systems change and sustainability. Locally, First 5 Sacramento continues to build upon the Network Strategy and engaging with early childhood systems focused on sustainability.
- Advocacy** - First 5’s from across the state gathered for the annual Advocacy Day to meet with local and regional legislators. The day was highlighted by the Día del Niño/Día de los Libros celebration with First 5 Partner Jennifer Newsom. More than 150 preschoolers gathered on the capitol lawn for the lunch time activities joined by advocates, legislators, and their staff.
- Partnerships** – First 5 Sacramento developed a partnership with the Sacramento Business Journal to engage with local business leaders. The multi-media campaign components included print, online, and digital messaging that highlighted First 5 Sacramento’s Certified Sustainable efforts and generated awareness about family-friendly practices. Additionally, First 5 Sacramento collaborated with the Sacramento Kings and First 5 CA to host four pop-up events at preschools and community centers with the First 5 Express family engagement van.
- Social Media** – First 5 Sacramento continued to increase its social media presence, reaching multiple audiences on various platforms. LinkedIn served as a powerful tool to engage with business and policy leaders, and to highlight funded partners’ sustainability efforts. Paid and boosted ads, along with participating in Twitter Chats, helped to broaden First 5 Sacramento’s audience and increase engagement. On average, across all platforms, followers increased by 30%, and impressions increased by a staggering 500%.
- Multi-media Campaign** – First 5 helped launch its newest program, *Help Me Grow*, through a six-month digital campaign. Elements included web ads and streaming pre-roll that rotated on hundreds of web domains targeting specific neighborhoods. During the months that the campaign ran, there was a 27% increase in calls and an impressive 789% increase to the website, with an average of 1,769 more web hits.

# Evaluation Success and Next Steps

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Important progress was made related to data collection and evaluation, including development of Results-Based Accountability (RBA) dashboards for key new strategies and continued improvements in the quality of service data in Persimmony. Additional data collection efforts are in progress, or planned, that will make the data even more informative in future fiscal years:

- Overarching Strategy:
  - First 5 is actively collaborating with its funded programs to improve upon data collection and reporting procedures.
- School Readiness initiative:
  - A deeper analysis will be done to better understand how parent education is being delivered, as well as protocols for developmental screening and referral across districts.
- Crisis Nursery:
  - A qualitative study will be implemented to more deeply assess the overall impact of Crisis Nursery.

